Volatile Organic Compounds Level Certification Form for the Qualified Environmental Professional Who Reviewed Testing

Pursuant to New York City Building Code § U202.09 and New York City Department of Health and Mental Hygiene Rules §§ 40-05 and 40-06, I hereby certify that:

1. On _____ (DATE) the certified industrial hygienist named below conducted air sampling of the below-referenced apartment ("unit") that used the TO-15A method required by NYC Department of Health and Mental Hygiene ("Department") Rule § 40-03(b).

Street Address of Unit Tested with Unit Number (if any)

Borough of Unit Tested	ZIP Code of Unit Tested
NYC DOB Alt-CO Job Number	NYC DOB ATR Initial Number *(where applicable)*

Name of Certified Industrial Hygienist (CIH)
Address of CIH

Email Address/URL of CIH	Phone Number of CIH

2. On _____ (DATE), I reviewed the air sampling noted in Item #1 above and found it to be satisfactory within the dictates of the profession. At such time I was a qualified environmental professional as defined by Department Rule § 40-02. I am licensed in _____ (STATE) and my license number is _____.

   Please attach copies of license(s) to this certification.

3. The sample(s) were sent for analysis to the laboratory noted below certified for analysis by the New York State Environmental Laboratory Approval Program ("ELAP").

Name of Laboratory Conducting Analysis	ELAP ID Number

4. On _____ (DATE), I reviewed the ELAP laboratory report of the samples collected, and the report indicates that the unit's indoor air levels are lower than the limits set by Department Rule § 40-05 (24 RCNY 40-05) for 20 volatile organic compounds. The report I reviewed was dated _____ (DATE).

I hereby affirm, under penalty of perjury, that the information provided on this form is true and correct to the best of my knowledge and belief and complies with the provisions of any applicable laws or rules. I recognize that false statements are misdemeanors pursuant to Section 210.45 of the New York Penal Law and are punishable by a fine or imprisonment or both.

Signature	Date
Name (Printed)	Phone Number
Name of Company	Email Address
Address	

Please affix professional geologist or engineer seal, as appropriate, here.