



Energy Storage System (ESS) Training Verification Letter

Please **print** or **type** the information below. **This form must be NOTARIZED.**

This verification letter is to verify that _____ (Name of Applicant) has been trained in the energy storage system that the applicant will supervise.

☐ the owner of the battery system

☐ the building manager as the battery system owner's representative

I am ☐ the building chief engineer as the battery system owner's representative

(DOB engineer license number: _____ or Q01 COF number: _____)

☐ the manufacturer of the battery system

☐ the installer of the battery system

I affirm that I have the comprehensive knowledge and required material to administer the training for the applicant that listed in this letter.

The size of the energy storage system (ESS) is _____ kWh and the type of the energy storage system (ESS) is (check the one that applies)

☐ Lithium-ion

☐ Flow

☐ Nickel cadmium

☐ Nickel metal hydride

☐ Flooded (Vented) Lead acid

☐ Valve-Regulated Lead Acid (VRLA)

☐ Other: _____ (please specify)

The remote monitoring company of this energy storage system's Energy Storage Management System (ESMS) is _____ (company name) and its contact phone number is:

_____.

Section A - Premises Verification

☐ This system is a mobile energy storage system, list the addresses of all locations that are approved by the FDNY (add another sheet if needed):

☐ This system is a stationary storage battery system, the energy storage system located at:

(address of the energy storage system, if it is on rooftop, it should also be specified)

Section B - Energy Storage System (ESS) Training Verification

I, _____, hereby certify that the applicant has been trained and obtained the following information related to the energy storage system that he/she will supervise. (All items below must be marked “Yes” or “N/A” to proceed)

Information	
The type, size of the battery systems	<input type="checkbox"/> Yes
The possible hazards of the energy storage system	<input type="checkbox"/> Yes
The area that the energy storage system serves and the impact of shutting down the entire system	<input type="checkbox"/> Yes
Safety Data Sheets (SDS) of the energy storage system	<input type="checkbox"/> Yes
The Emergency Management Plan	<input type="checkbox"/> Yes
Commissioning plan	<input type="checkbox"/> Yes
Decommissioning plan (end-of-life decommissioning plan and emergency decommissioning plan)	<input type="checkbox"/> Yes
The type of fire extinguishing systems will be installed and designed hold time (if applicable, refer to the section 5.1 of this booklet)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A, there is no fire extinguishing systems.
Procedures for safe shutdown, de-energizing, or isolation of equipment and systems under emergency conditions	<input type="checkbox"/> Yes
Procedure for notification in need of maintenance or service	<input type="checkbox"/> Yes
Procedure for notifications in case of fire, explosion, release of liquids or vapors, damage to critical moving parts, or other potentially dangerous conditions	<input type="checkbox"/> Yes
Contact information of the ESMS monitoring facility and the SMEs	<input type="checkbox"/> Yes
The general function of the ESMS including how this system monitors or manages the energy storage performance and status of health, safe operation, notifications, etc.	<input type="checkbox"/> Yes
Standoff distances for electrical hazards and explosion hazards	<input type="checkbox"/> Yes
Procedures for annual inspection	<input type="checkbox"/> Yes
The planned/actual location of:	
Required signs	<input type="checkbox"/> Yes
E-stops	<input type="checkbox"/> Yes
Disconnect switches (i.e. “lock-out, tag-out”)	<input type="checkbox"/> Yes
The vent and the manual activation switch of the smoke/gas purge system	<input type="checkbox"/> Yes <input type="checkbox"/> N/A, there is no smoke/gas purge system.
The deflagration vents and/or exhaust outlets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A, there is no deflagration venting/explosion prevention system.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I affirm that all statements made on this application are true under the penalties of perjury. I understand that:

- any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the Certificate of Fitness as applies to the applicant;
- all statements made in connection with the application are subject to investigation and verification;
- the FDNY representative may ask the B-28/W-28 Certificate of Fitness holder without prior notice to demonstrate the required knowledge listed in this verification letter to verify his/her proficiency in supervising the energy storage system upon inspection.

Printed Name of Owner, Building Manager,
Chief Engineer, Manufacturer or Installer

Job Title

<div>_____</div> <div>Signature of owner, building manager, chief engineer, manufacture or installer</div> <div>(Sign only before a Notary)</div>	<div>_____</div> <div>Signature of Notary</div>	<div>NOTARY PUBLIC: [Notary Seal]</div> <div>My commission expires: ____/____/____</div>
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