



CREW LEADER CERTIFICATION APPLICATION

COMPANY NAME: _____

COMPANY REP NAME: _____

CO. PHONE: _____ EMAIL: _____

CO. ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CREW LEADER NAME: _____

The Pledge

I will communicate with my Company Representative on a written After Service Report the minimum following information:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (NFPA 96 *Cleaning Exhaust Systems* Section)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why.
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible serious deficiencies in the exhaust system. This is limited to my knowledge as an exhaust cleaner (NFPA 96 *Cleaning Exhaust Systems* Section) of these sorts of deficiencies.

As a Kitchen Exhaust Cleaner, I understand my responsibilities to maintain the procedures of Phil Ackland's Certification Protocol.

Date: _____ Crew Leader Signature: _____

As the Company Representative I verify that the named Crew Leader is aware of their responsibilities as a kitchen exhaust cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

Company Rep signature: _____ PA/CQ #: _____

For use by Phillip Ackland Training only

Name of Crew Leader: _____

Crew Leader Certification #: _____ Date of Certification: _____