

**The British Occupational Hygiene Society  
Faculty of Occupational Hygiene**

**Certificate of Authorship**

**P601 – Commissioning and Thorough Examination and Testing of  
Local Exhaust Ventilation Systems**

*Please submit one form for each report*

I hereby certify that the following assessment was carried out by me, the report is my own work and that I have obtained all the relevant permissions to use it for the purpose of completing my examination:

Name of Candidate	Date of Birth

Contact phone number	Email address

I confirm the following details:

<b>Contractor/Organisation</b>
<b>Title of Report - this must include the address/location of the premises</b>
<b>Date of Assessment</b>
<b>Report Number</b>

If it is subsequently found that the authorship of this report is incorrect, any certificates awarded on the basis of this report will be invalidated and will be withdrawn immediately.

Signed: .....

Date:.....

**NB: Please return this completed form with your report to the following address:**

**Reports Section (LEV)  
BOHS  
5/6 Melbourne Business Court, Millennium Way,  
Pride Park, Derby DE24 8LZ**