



Battery System 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 battery system that the applicant will supervise.

the owner of the battery system

I am 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 battery system is _____ kWh and the type of the battery system 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 battery system's Battery Management System is _____ (company name) and its contact phone number is: _____.

Section A - Premises Verification

This system is a mobile battery 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 battery system located at:

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

Section B - Battery System Training Verification

I, _____, hereby certify that the applicant has been trained and obtained the following information related to the battery 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 battery system	<input type="checkbox"/> Yes
The area that the battery system serves and the impact of shutting down the entire system	<input type="checkbox"/> Yes
Safety Data Sheets (SDS) of the battery 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 installed and designated hold time (if applicable)	<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 BMS monitoring facility and the SMEs	<input type="checkbox"/> Yes
The general function of the BMS including how this system monitors or manages the battery 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 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
Fire Department Connection	<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.
Suppression system pull stations	<input type="checkbox"/> Yes <input type="checkbox"/> N/A, there is no suppression system.
Standpipe	<input type="checkbox"/> Yes <input type="checkbox"/> N/A, there is no standpipe system.
Hydrants	<input type="checkbox"/> Yes

