



Building Department  
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## CLEAN UP CERTIFICATION

TO: Chief Building Inspector

FROM: \_\_\_\_\_  
(Name of certified industrial hygienist or a registered occupational hygienist)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Company Phone number)

RE: \_\_\_\_\_  
(Address of Premises)

I have completed an inspection of the above-noted Premises

on \_\_\_\_\_ and I certify that the  
(date)

Premises are substantially free from any contaminants, toxic chemicals, pesticides, moulds, or fungi associated with and found in Premises subject to fire damage or in Premises used as a grow operation or for the manufacturing of controlled substance; and the Premises are fit for access by City inspectors without the need for protective equipment (respirators, masks, body suits, etc.).

CERTIFIED AS OF \_\_\_\_\_  
(date)

\_\_\_\_\_  
(Signature of the hygienist)