

# Workplace Safety Certificate

## Employee Compliance Acknowledgment

**Employee Name:**

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**Employee ID:**

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**Department:**

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**Date of Completion:**

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**Certification Statement:**

This certifies that the above-named employee has completed all required workplace safety training and is in compliance with current safety and health regulations.

**Trainer/Supervisor Name:**

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**Signature:**

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**Date:**

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This certificate should be retained in the employee's personnel records.