

Training Certification
Bioresources Engineering Facilities

Name: _____

Equipment/Procedure/Operation:

Type of Training:

Individual	_____
Combined Group	_____
Course (designate)	_____

Date of Training: _____

I certify I have received training for the equipment/procedure/operation listed above and have been instructed on the associated health and safety hazards involved with the use of this equipment/procedure/operation. I understand I can work in the shops only when in compliance with my safety training.

Signature of Employee/Student

Signature of Supervisor/Instructor