

Competency Certificate

NAME: _____ START DATE: _____

JOB TITLE: _____ SITE: _____

Area of training:

Machines

(pre-use safety checks,
breakdown procedures and use.)

Customer Care

Manual Handling

Chemicals

(decanting, safe handling
and emergency procedures.)

**Bodily Fluid /
Contaminated Sharps**

(Clean-up procedures.)

General Spill Procedures

(Use of spill books and warning signs.)

Other (Please state.)

This is to certify that the above named Robinson Services Employee has attended and received training in the area(s) indicated above.

Employee Signature: _____

Training Delivered by: _____

Signature of Trainer: _____ Date: _____