

Certificate of Completion



INDUCTEE

**has completed the
Service Station Safety Induction**

.....
COMPLETION DATE

.....
COMPANY NAME

.....
MANAGER/SUPERVISOR'S NAME

.....
TITLE

.....
INDUCTEE

.....
SIGNATURES

.....
MANAGER/SUPERVISOR

servicestationsafety.com.au

TO BE USED IN CONJUNCTION WITH NEW EMPLOYEE INDUCTION CHECKLIST