

Refresher Training Competency Certificate

NAME (PRINTED): _____

DATE: _____

JOB TITLE: _____

SITE: _____

- | | |
|--|--|
| <input type="checkbox"/> H&S Awareness/Poster | <input type="checkbox"/> PPE |
| <input type="checkbox"/> Slips, Trips & Falls | <input type="checkbox"/> Working at Height |
| <input type="checkbox"/> Accident/Reporting
near miss & etiquette | <input type="checkbox"/> Machine (type)
_____ |
| <input type="checkbox"/> Sweep Check Patrols | _____ |
| <input type="checkbox"/> Manual Handling & Demo | <input type="checkbox"/> Asbestos Awareness |
| <input type="checkbox"/> Contaminated Sharps
& Bodily Fluids | <input type="checkbox"/> Pre-Use Safety Checks |
| <input type="checkbox"/> Hazardous Substances/COSHH | <input type="checkbox"/> ISO 9001 & 14001 (QMS & EMS)
Awareness |
| <input type="checkbox"/> Fire Awareness | <input type="checkbox"/> Lone Working |
| <input type="checkbox"/> First Aid Location | <input type="checkbox"/> Customer Care |
| <input type="checkbox"/> Gritting | <input type="checkbox"/> Confined Space Entry |
| <input type="checkbox"/> Use and care of Vehicles | <input type="checkbox"/> Cautions Signs/Spill Procedures |
| <input type="checkbox"/> Violence & Aggression | <input type="checkbox"/> Confidentiality of Site |
| <input type="checkbox"/> Site Emergency Evacuation Procedures | <input type="checkbox"/> Risk Assessments |
| <input type="checkbox"/> Battery Care | (name) _____ |

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 (PRINT NAME): _____

Trainer Signature: _____