**Certification of Completion of Confined Space Safety Training**

|  |  |
| --- | --- |
|  | **U.S. ENVIRONMENTAL PROTECTION AGENCY****Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Street Address****City, State, Zip Code** |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBJECT: Certification of Completion of Confined Space Safety Training**

|  |  |  |
| --- | --- | --- |
| **To:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Trainee) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Job Title) |
| **From:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Person Issuing this Certificate) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Job Title) |

**This document certifies that\_\_\_\_\_\_\_\_\_\_(Name of Trainee)\_\_\_\_\_\_\_\_\_\_\_ has successfully completed the following training requirements:**

|  |  |
| --- | --- |
| **Training Program(s):** | [ ]  Confined Space Awareness [ ]  Confined Space Permit Required – Entry Supervisor Certification [ ]  Confined Space Permit Required – Entrant/Attendant Certification[ ]  Confined Space Permit Required – Air Monitoring Personnel[ ]  Confined Space Permit Required – Rescue Team Certification[ ]  Confined Space Permit Required – Rescue Team Annual Refresher[ ]  Rescue Drill[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date(s):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Location(s):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Instructor(s):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name and Signature) |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name and Signature) |