

CERTIFICATION

STATEMENT OF CERTIFICATION

Certification: Health & Safety Emergency Procedures Training

Applicant Institution: University of Washington, Department of History

Name (print): _____

Date Completed Training: _____

- I certify that I have completed the review of the Department of History's Emergency Procedures & Health & Safety Training presentation. The appropriate Health & Safety issues have been addressed and any concerns or questions that I have may be referred to my direct Supervisor, Department Administrator or Chair.

Signature

Title