



TRU NORTH TRAINING

CERTIFICATE OF COMPLETION

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This is to certify that:

_____ has successfully completed the course:
BLOODBORNE PATHOGENS

The course and test are in accordance with OSHA standard number 29 CFR 1910.1030. Please keep this proof of training for your records.

Certificate Verification Number
(verify at www.trunorthtraining.com)

Date of Completion (valid 1 year)



CEO of Tru North Training
on behalf of it's staff
and instructors.