



LiUNA! LOCAL 183 Training Centre

1263 Wilson Ave., Suite 301, East Wing Toronto ON M3M 3G2

Record of Training

First Name:

Last Name:

Book #:

Card Issued:

ID Number:

This certifies that the employee named above has completed the training described below in accordance with the requirements of the Occupational Health and Safety Act and Regulations

Course	Date Completed
--------	----------------