



# Certificate of Training

*This is to Certify That*

**ALI HASSAN**

**Employ of (or Sponsored by)**

**QUALITY CONTROL**

**Has Attended Training Course in**

**Personal Protective Equipment Training**

**and Successfully Completed Theoretical and Practical Assessments  
Designed to Verify and Confirm his Understanding of Course Material**

**Course Duration:**

**One Day**

**Certificate Number:** **AB/2501/T/003**

**Date Awarded:** **25.01.2023**

**Refresher Date:** **24.01.2024**

**Assessor:**

**Signature:**

