

This is to acknowledge that

has completed the following SMART training:

- ☐ Safe Posture & Safe Body Mechanics
- ☐ Risk Assessment
- ☐ Object Moving Techniques

- ☐ initial training
- ☐ re-evaluation



date: \_\_\_\_\_ (valid for 3 years)

employer: \_\_\_\_\_

trainer(s): \_\_\_\_\_

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**SAFE WORKPLACES**

IN HEALTH

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