

Certificate of Completion

Employee Name: _____

Company Name: _____

Date: _____

Expiration Date: _____

By signing your name as a company representative, you are indicating your employee has reviewed the Contractor Environmental and Safety Video, Pamphlet and has passed the quiz.

Name: _____ Date: _____

Note: This certificate will need to be available with the contractor for review by an NGAS representative when conducting construction or maintenance related tasks anywhere on the Space Park facility.