



# 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 SSSD representative when conducting construction or maintenance related tasks anywhere on the Space Park facility.