

QUALITY MANAGEMENT SYSTEM

CERTIFICATE OF COMPLETION

Certificate ID: CERT-000004

This is to certify that **string** has successfully completed the training course:

| | |
|------------------|----------------------------|
| Course Title: | Workplace Safety Training |
| Course Code: | SAF-001 |
| Completion Date: | 2025-08-06T12:29:40.277795 |
| Score: | N/A |
| Status: | FAILED |

Note: This participant did not achieve the required passing score. Additional training may be required.

Employee Signature

Trainer Signature

Date

Certificate generated on: August 06, 2025 at 06:22 PM