

Slip Trip and Fall Prevention

Employer & Employee Responsibilities

Job & Site Specific Training

Every employer, employee & independent contractor must ensure that they have the training and skills to properly perform their job. The guidelines discussed in this program may not have covered specific hazards that may be present at your worpkplace.

Employers, employees and independent contractors must work together to identify job and site specific hazards. Training associated to those hazards must be understood. We must work together to make every workplace safe.

Disclaimer: Every attempt has been made to deliver accurate, reliable and current information in the training materials provided. SafeCheck® Workplace Safety, SafeCheck® Brand Protection Ltd. and affiliated companies disclaim any liability or responsibility for accuracy, damage or loss resulting from the use of the information and training provided.

Relevant laws and regulations and compliance with them are the responsibility of each employee, contractor and employer as applicable in the municipality, region, province or country of employment.



Print Your Certificate & Wallet Card

Print certificate and wallet card using colour printer and high quality paper.
Cut out wallet card as noted below.
Order plastic wallet cards from
SafeCheck® Workplace Safety



List Site & Job Specific Training Then Sign

Complete the site and job specific training section on the back of the wallet card. Keep your wallet card with you as proof of training.



Keep Records on File of All Training

Keep a copy of this training on file.

Employers are also required to keep records of all training provided to employees.

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Slip Trip and Fall Prevention Slip Trip and Fall Prevention **Training Certificate Training Details** Issued On/Date d'Emission What are Slip Trips and Falls (STF) Fall Prevention Name/Nom Causes of STF Proper Equipment Use Steven Hanju Lee 03-Mar-2022 Slip Prevention Reporting Expire On/Date d'Expiration Certificate Number/Numéro de Certificat Trip Prevention Final Assessment 58719687 03-Mar-2025 Employer Signature/Signature de L'Employeur Name of Employer/Nom de l'Employeur **Additional Training Specific to Workplace** Subject **Employer Signature** Employee Signature/Signature de L'employé /SafeCheck Workplace Safety info@safecheck1.com - 866.258.0643 info@safecheck1.com 866.258.0643 www.safecheck1.com



Certificat de Formation

présenté à

Certificate of Training presented to

Steven Hanju Lee

pour la réussite de

for successful completion of

WPS - Slip Trip and Fall Prevention

03-Mar-2022

Issue Date Date d'émission 58719687

Certificate Number Numéro de Certificat 03-Mar-2025

Expiry Date Date d'Expiration



