

**[Company Letterhead / Logo]**

**Date:** [Insert Date]

**Subject:** Commercial Driver Health and Safety Induction Verification

To whom it may concern,

This letter serves to verify that **[Driver Full Name]**, holder of driver's license number **[License Number]**, has successfully completed the formal Commercial Driver Health and Safety Induction program at **[Company Name]**.

The induction was conducted on **[Date of Induction]** and covered the following mandatory safety modules:

- Vehicle Pre-Start Checks and Maintenance Reporting
- Fatigue Management and Legal Rest Requirements
- Load Securing and Manual Handling Procedures
- Emergency Response and Incident Reporting Protocols
- Site-Specific Safety Rules and Personal Protective Equipment (PPE)
- Drug and Alcohol Policy Compliance

By completing this induction, the aforementioned driver has demonstrated an understanding of our corporate safety standards and their legal obligations under current transport health and safety regulations.

This verification is valid until **[Expiry Date/Refresher Due Date]**.

Should you require further information regarding this driver's safety records, please contact the undersigned.

Sincerely,

[Signature]

**[Name of Safety Officer/Manager]**

[Job Title]

[Company Name]

[Phone Number]

[Email Address]