

[Company Letterhead / Logo Placement]

Date: [Insert Date]

To: [Candidate Name]

Employee ID: [Insert ID Number]

Department: [Insert Department]

Subject: Health and Safety Induction Verification

Dear [Candidate Name],

This letter serves to formally verify that you have successfully completed the Corporate Office Health and Safety Induction program held on [Date of Induction].

During this session, the following mandatory topics were covered:

- Office Safety Policies and Procedures
- Emergency Evacuation Routes and Assembly Points
- Fire Safety and Extinguisher Locations
- First Aid Provider Contact Information
- Ergonomic Workstation Setup
- Incident and Hazard Reporting Protocols
- COVID-19 / Infectious Disease Workplace Guidelines

By signing below, you acknowledge that you have received this training, understand your responsibilities regarding workplace safety, and agree to comply with all company health and safety regulations.

Candidate Acknowledgment:

Signature: _____ Date: _____

Verified By:

[Name of Safety Officer/HR Representative]

[Title]

[Company Name]