

[Hospital/Facility Name]  
[Department Name]  
[Address Line 1]  
[Date]

**RE: HEALTH AND SAFETY INDUCTION VERIFICATION**

To Whom It May Concern,

This letter serves as formal verification that the following individual has successfully completed the mandatory Healthcare Staff Health and Safety Induction.

**Employee Name:** [Staff Full Name]  
**Employee ID:** [ID Number]  
**Job Title:** [Job Title/Role]  
**Induction Date:** [Date of Completion]

The induction program included training and assessment in the following core areas:

- Infection Control and Hand Hygiene
- Manual Handling and Patient Transfer
- Fire Safety and Emergency Evacuation Procedures
- Hazardous Materials (COSHH) and Waste Management
- Blood-borne Pathogens and Needle-stick Injury Protocols
- Workplace Violence and Aggression Prevention
- Incident Reporting Procedures

The individual named above has demonstrated an understanding of the safety protocols required to maintain a secure environment for patients, visitors, and staff.

Verified by:

[Signature]  
**[Name of Trainer/Manager]**  
[Title]  
[Contact Information]