



JIT Chabad Preschool

CERTIFICATE OF COMPLETION

FIRE EXTINGUISHER TRAINING

And Blood Borne Pathogen Training

This is to certify that _____
successfully completed a Fire Extinguisher Training
And Blood Borne Patogen Training
course on ____ / ____ / ____

Employee Signature: _____ Date: __ / __ / __

Director Signature: _____ Date: __ / __ / __

Training can be taken online

www.jitchabadpreschool.com/staffdocs