

## Training Certificate Emergency Procedures

Trainees Name: Rulshan Thureiraj

Department: Passenger Services

Initial / Recurrent

| Training Modules |                                    |
|------------------|------------------------------------|
| 1.               | Introduction                       |
| 2                | Types of Incident                  |
| 3                | Communication                      |
| 4                | Local Incident Coordination Centre |
| 5                | Business Continuity                |
| 6                | Planning                           |
| 7                | Scenarios                          |

### Trainee's Declaration:

"I have received full instruction/ training of the above operational procedures and I fully understand the training that I have been given"

Trainee's Signature: [Signature] Date: 13-02-23

### Trainers / Instructors Declaration:

"I certify that the above named employee has received full instruction, training and has access to a copy of the procedures in this field of operation."

Trainer/Instructors Name: GORM KWARERNIK

Trainer/Instructor's Signature: [Signature] Date: 13.02.23