



Training Certificate Safety Management Systems

Trainees Name: Mariana Abed

Department: Passengers Services

Initial / Recurrent

Training Modules	
1.	Course Requirements
2	Introductions
3	Principles of safety Management Systems
4	Responsible parties for Safety Management
5	Your role in Safety Investigations

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: Date: 04.11.2022

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:

Trainer/Instructor's Signature: Date: 04.11.22