



**Commonwealth of Pennsylvania
Pennsylvania Correctional Industries
Laundry Chemical Dispensing Systems Training Certificate**

We hereby certify that a training session has been completed by an
Authorized Representative

of _____
(Contractor's Name)

at the _____
(Institution)

on _____ in accordance with the provisions of Contract #
(Date)

TRAINING

Listed below are the names and class titles of the PCI employees who attended the above training program.

List of employees that received the above mentioned training course:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

(Signature of Contractor Representative)

(Signature of Facility Laundry Manager)

NOTE: A copy must be retained by the Facility Laundry Manager at each location.