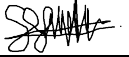
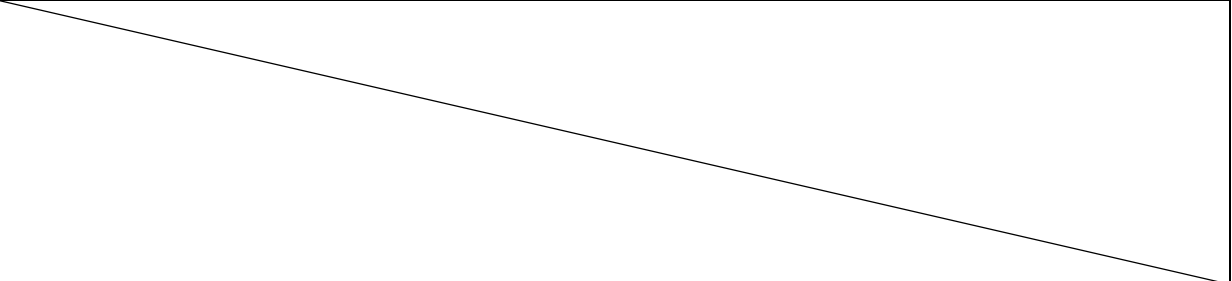


TRAINING ATTENDANCE FORM

TRAINING/COURSE	TRAINING METHOD	SERIES	DATE/TIME
EXPLOSIVE LEVEL 2	<input checked="" type="checkbox"/> THEORY/CLASS <input checked="" type="checkbox"/> PRACTICAL <input type="checkbox"/> EVALUATION	1/2025	13-JANUARY-2024 1000HRS - 1700HRS
RELATED TO	INSTRUCTOR	LOCATION	REMARKS
EXPLOSIVE SERVICES	MOHD ISMADY BIN ISMAIL	CHS EMO PEXS ROOM	

NO	FULL NAME	POSITION	DIVISION/ DEPARTMENT	SIGNATURE
1	MOHD ARZIZI SYAFFIQ BIN MOHD ARMI	FE	CHS	
2	FLETCHER ENTIKA ANAK JAYA	FE	CHS	
3	MOHAMAD SAHIR B MOHD SAMSURI	FE	CHS	
4	ROYCE JIM SANTOS	FE	CHS	
5	MUHAMMAD HAZIQ BIN HELMI RIZAL	MT	CHS	
6				
7				
8				
9				
10				

MAXIMUM 10 PAX ONLY. USE SEPARATE SHEET FOR ADDITIONAL NAMES

I do hereby certify that each person listed above has received training as per described above.

SIGNATURE :



NAME : MOHD ISMADY BIN ISMAIL
POS : HEAD OF PEXS
DIV/DEPT : CHS/PEXS

