

# Safety Training Course - Assessment Results

Date: [Insert Date]

Participant Name: [Insert Name]

Course Title: [Insert Course Title]

Assessment Completion Date: [Insert Completion Date]

## Results Summary

Assessment Component	Score (%)	Pass/Fail
Written Exam	[Insert Score]	[Pass/Fail]
Practical Assessment	[Insert Score]	[Pass/Fail]
Overall Assessment	[Insert Overall Score]	[Pass/Fail]

## Comments

[Insert any comments or feedback on participant's performance]

## Certification

Congratulations on completing the Safety Training Course. A certificate of completion will be issued upon passing all assessment components.

For any questions or further information, please contact [Insert Contact Information].

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Organization Name]