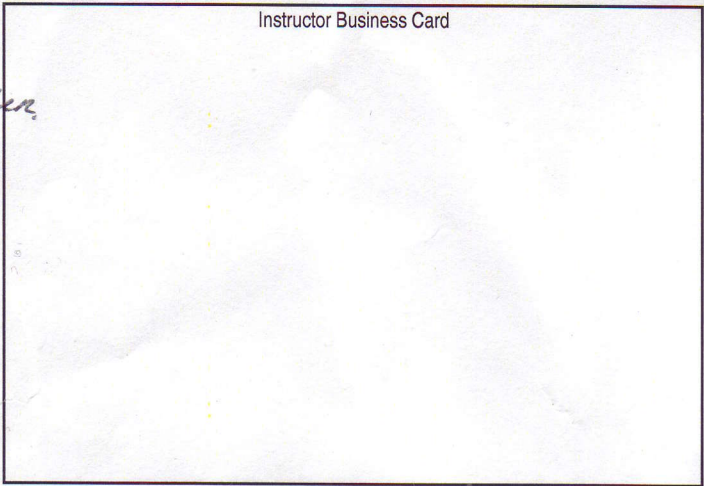


# Training Verification

Job Number	Job Name <i>UofU College of Nursing</i>	Date of Instruction <i>6-10-10</i>
Company Represented <i>WESTERN AUTOMATIC SPRINKLER</i>		
Instructor Name <i>JODD LANGE</i>		
Instructor Phone # <i>801-808-2033</i>		
Item(s) Trained On <i>Fire Sprinkler</i>		
Videographer <i>Steve Johnson</i>		
Training Session Number <i>35006 *</i>	Number of Video Tapes Used <i>1</i>	Total Hours of Instruction <i>1</i>

Instructor Business Card



Name	Company	Department	Phone
<i>RICHARD BECK</i>	<i>UOFU</i>	<i>BUK-OPS</i>	<i>801-581-8444</i>
<i>Tommy Robert</i>	<i>UofU</i>	<i>EHS</i>	<i>801 581 6590</i>
<i>Don Korth</i>	<i>Hofel</i>	<i>EHS</i>	<i>n</i>
<i>Steve Bernard</i>	<i>UofU</i>	<i>EHS</i>	<i>801-581-5370</i>