**SOP 6**

**Car Parks**

**UCLH hospital**

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| SPECIFIC INSTRUCTIONS RELATING SOP6 |
| On the dates below I certify that I have received and fully understand the training in the correct use of the instructions specific to contract as specified by this procedure. |

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| OFFICERS NAME | PIN NUMBER | DATE TRAINING COMPLETE | OFFICER SIGNATURE | MANAGER SUPERVISOR NAME | MANAGER SUPERVISOR SIGNATURE |
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