**SOP 9**

**Reception & Post**

**Reception:**

**Mail Receipt:**

Unexpected delivery arrives:

|  |
| --- |
| SPECIFIC INSTRUCTIONS RELATING SOP09 |
| 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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