

# Athletics, Recreation OSHA Training

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Department: \_\_\_\_\_ Faculty/Staff: \_\_\_\_\_ Annual Training: Yes No

Mode of Training		Self-Study Training			
Special Instructions		Read through the safety training documents provided and take the quiz that follows.			
Training Module Quizzes		Quizzes are embedded at the conclusion of the training.			
Training	Required Annually	<a href="#">Back Safety</a> <input type="checkbox"/>	<a href="#">Heat Stress</a> <input type="checkbox"/>	<a href="#">Bloodborne Pathogens</a> <input type="checkbox"/>	<a href="#">Lockout/Tagout</a> <input type="checkbox"/>
		<a href="#">Emergency Action Plans</a> <input type="checkbox"/>	<a href="#">Reporting Injuries</a> <input type="checkbox"/>	<a href="#">Fire Safety</a> <input type="checkbox"/>	<a href="#">Walking-Working Surfaces</a> <input type="checkbox"/>
	Required One Time Only	<a href="#">Golf/Utility Cart</a> <input type="checkbox"/>		<a href="#">Motor Vehicle Use Policy</a> <input type="checkbox"/>	
		<a href="#">Hazard Communications</a> <input type="checkbox"/>			

I certify that I understand the material presented and have successfully completed the trainings and associated quizzes indicated above.

Your  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Send this completed form, and the Bloodborne Pathogens form if applicable,  
via campus mail to: Lauren Greene, Administration Building Rm 302