

# Faculty/Staff 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="#">Fire Safety</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="#">Ergonomics</a>  | <input type="checkbox"/> | <a href="#">Walking-Working Surfaces</a> | <input type="checkbox"/> |
|  | Required One Time Only | <a href="#">Electrical Safety</a>   | <input type="checkbox"/> | <a href="#">Hazard Communications</a>    | <input type="checkbox"/> |
|  |                        | <a href="#">Golf/Utility Cart</a>   | <input type="checkbox"/> | <a href="#">Office Safety</a>            | <input type="checkbox"/> |
| <a href="#">● Motor Vehicle Use Policy</a> |                        |   |                          |  |                          |

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: \_\_\_\_\_