

Health Services University Police OSHA Training

Name: _____ Date Completed: _____

Department: _____ Faculty/Staff: _____ Annual Training: Yes No

Mode of Training		Self-Study Training		Online Training Module	
Special Instructions		Read through the safety training documents provided and take the quiz that follows.		Audio Enhanced Listen to the material and take the accompanying quiz.	
Training Module Quizzes		Quizzes are embedded at the conclusion of the training.		Quizzes are not embedded. Please click the accompanying quiz link and follow the instructions in completing the quiz after you complete the training module.	
Training	Required Annually	Fire Safety <input type="checkbox"/> Noise & Hearing Protection <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/>	Back Safety <input type="checkbox"/> Emergency Action Plans <input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Walking-Working Surfaces <input type="checkbox"/>	Training <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/>	Quiz <input type="checkbox"/> Quiz <input type="checkbox"/>
	Required One Time Only	Hazard Communications <input type="checkbox"/>	Driving Safety (Police) <input type="checkbox"/> • Motor Vehicle Use Policy Electrical Safety <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 via campus mail to Jeanette Reeves in the Rampey Center