

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="#">Emergency Action Plans</a> <input type="checkbox"/> <a href="#">Fire Safety</a> <input type="checkbox"/> <a href="#">Noise &amp; Hearing Protection</a> <input type="checkbox"/>	<a href="#">Lockout/Tagout</a> <input type="checkbox"/> <a href="#">Reporting Injuries</a> <input type="checkbox"/> <a href="#">Walking-Working Surfaces</a> <input type="checkbox"/>	<a href="#">Bloodborne Pathogens</a> <input type="checkbox"/>
	Required One Time Only	<a href="#">Electrical Safety</a> <input type="checkbox"/> <a href="#">Golf/Utility Cart (Police)</a> <input type="checkbox"/> <a href="#">● Motor Vehicle Use Policy</a> <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