

Information Technology 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	Back Safety <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Emergency Action Plans <input type="checkbox"/> Fire Safety <input type="checkbox"/>	Lock-Out/Tag-Out <input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Walking-Working Surfaces <input type="checkbox"/>	
	Required One Time Only	Asbestos <input type="checkbox"/> Electrical Safety <input type="checkbox"/>	Golf/Utility Cart <input type="checkbox"/> ● Motor Vehicle Use Policy Hazard Communications <input type="checkbox"/>	Lead <input type="checkbox"/> Lock-Out/Tag-Out (Arc Flash) <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: _____