

Laboratory Personnel 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.		<p style="color: red; text-align: center;">Audio Enhanced</p> Listen to the material and take the accompanying quiz. **Radiation Safety: Do not take the quiz embedded in the presentation. Instead, complete the quiz on the right.	
Training Module Quizzes		Quizzes are embedded at the conclusion of the training.		Quizzes are not embedded. Please click the accompanying quiz link after completing the training module.	
Training	Required Annually	Back Safety <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Emergency Action Plans <input type="checkbox"/> Fire Safety <input type="checkbox"/> Hazardous Waste <input type="checkbox"/>	Lockout/Tagout <input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Walking-Working Surfaces <input type="checkbox"/>	Training	Quiz
	Required One Time Only	Compressed Gas Cylinder <input type="checkbox"/> Electrical Safety <input type="checkbox"/> Hazard Communications <input type="checkbox"/> Indoor Air Quality <input type="checkbox"/>	Radiation Safety* <input type="checkbox"/> *Don't take quiz embedded in above video Lab Ergonomics <input type="checkbox"/> Lab Safety <input type="checkbox"/>	Quiz	Quiz

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