

Maintenance, Grounds, Custodial OSHA Training

Name: _____ Date Completed: _____

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

Mode of Training		Online Training Module	Self-Study Training	Online Training Module	
Special Instructions		You must login to take the quizzes. To login, use your USC Network Username and Password Find your network username and password on your VIP technology tab	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		Re-enter your USC network username. You MUST select "USC Upstate" from the "Department" drop-down menu to receive credit for completing the quiz.	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"/>	Back Safety <input type="checkbox"/>	Training	Quiz
		Noise & Hearing Protection <input type="checkbox"/>	Emergency Action Plans <input type="checkbox"/>	Bloodborne <input type="checkbox"/>	Quiz <input type="checkbox"/>
			Hazardous Waste <input type="checkbox"/>	Pathogens <input type="checkbox"/>	
			Reporting Injuries <input type="checkbox"/>		
			Walking-Working Surfaces <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: _____

Please complete the [Hepatitis B Verification form](#) and send it, along with this form, via campus mail to Jeanette Reeves in the Rampey Center

If this is your first time undergoing safety training, please continue to page 2

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Mode of Training		Online Training Module	Self-Paced Training	Online Training Module			
Training	Required One Time Only	Confined Spaces	<input type="checkbox"/>	Aerial Lifts	<input type="checkbox"/>	Training	Quiz
		Hazard Communications	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>		
		Ladder Safety	<input type="checkbox"/>	Chain Saw Safety	<input type="checkbox"/>		
		Lock-Out/Tag-Out	<input type="checkbox"/>	Compressed Gas Cylinder	<input type="checkbox"/>		
		Personal Protective Equipment	<input type="checkbox"/>	Driving Safety	<input type="checkbox"/>		
				• Motor Vehicle Use Policy			
				Electrical Safety	<input type="checkbox"/>		
				Fall Protection (*if applicable)	<input type="checkbox"/>		
				Heat Stress	<input type="checkbox"/>		
				Indoor Air Quality	<input type="checkbox"/>		
				Lead	<input type="checkbox"/>		
				Lock-Out/Tag-Out (Arc Flash)	<input type="checkbox"/>		
				Mower Safety	<input type="checkbox"/>		
				Permit-Required Confined Space (*If applicable)	<input type="checkbox"/>		
				Safety Cans/Storage Cabinets	<input type="checkbox"/>		
				Scaffolding (*if applicable)	<input type="checkbox"/>		
				Tool 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: _____