

Maintenance, Grounds, Custodial 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"/> Noise & Hearing
		Bloodborne Pathogens	<input type="checkbox"/> Protection
		Emergency Action Plans	<input type="checkbox"/> Reporting Injuries
		Fire Safety	<input type="checkbox"/> Walking-Working Surfaces
		Hazardous Waste	<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: _____

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

Maintenance, Grounds, Custodial OSHA Training

Mode of Training		Self-Study Training			
Training	Required One Time Only	Aerial Lifts	<input type="checkbox"/>	Personal Protective	<input type="checkbox"/>
		Asbestos	<input type="checkbox"/>	Equipment	
		Chain Saw Safety	<input type="checkbox"/>	Safety Cans/Storage Cabinets	<input type="checkbox"/>
		Compressed Gas Cylinder	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>
		Confined Spaces	<input type="checkbox"/>	Tool Safety	<input type="checkbox"/>
		Electrical Safety	<input type="checkbox"/>		
		Fall Protection (*if applicable)	<input type="checkbox"/>		
		Golf/Utility Cart	<input type="checkbox"/>		
		• Motor Vehicle Use Policy			
		Hazard Communications	<input type="checkbox"/>		
		Heat Stress	<input type="checkbox"/>		
		Indoor Air Quality	<input type="checkbox"/>		
		Ladder Safety	<input type="checkbox"/>		
		Lead	<input type="checkbox"/>		
		Lock-Out/Tag-Out	<input type="checkbox"/>		
		Lock-Out/Tag-Out (Arc Flash)	<input type="checkbox"/>		
Mower 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, and the Bloodborne Pathogens form if applicable,
via campus mail to: Lauren Greene, Administration Building Rm 302