

Name: _____

Department: _____ Faculty/Staff: _____

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	<input type="checkbox"/>
		Bloodborne Pathogens	<input type="checkbox"/>	Protection	<input type="checkbox"/>
		Emergency Action Plans	<input type="checkbox"/>	Reporting Injuries	<input type="checkbox"/>
		Fire Safety	<input type="checkbox"/>	Walking-Working Surfaces	<input type="checkbox"/>
		Lockout/Tagout	<input type="checkbox"/>	COVID-19	<input type="checkbox"/>
	Required One Time Only	Electrical Safety	<input type="checkbox"/>	Lock-Out/Tag-Out (Arc Flash)	<input type="checkbox"/>
		Indoor Air Quality	<input type="checkbox"/>	Safety Cans/Storage Cabinets	<input type="checkbox"/>
		Hazard Communications	<input type="checkbox"/>	Tool Safety	<input type="checkbox"/>
		Ladder	<input type="checkbox"/>		

I certify that I understand the material presented and have successfully completed the trainings and associated quizzes indicated above.

Your

Signature: _____

Supervisor's

Signature: _____