

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"/> | Lockout/Tagout | <input type="checkbox"/> |
| | | Bloodborne Pathogens | <input type="checkbox"/> | Reporting Injuries | <input type="checkbox"/> |
| | | Emergency Action Plans | <input type="checkbox"/> | Walking-Working Surfaces | <input type="checkbox"/> |
| | | Fire Safety | <input type="checkbox"/> | COVID-19 | <input type="checkbox"/> |
| | | Heat Stress | <input type="checkbox"/> | | |
| | Required One Time Only | Hazard Communications | <input type="checkbox"/> | | |
| | | Low-Speed Vehicles | <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