

Dining Services 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"/>	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"/>
	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: _____