

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	<a href="#">Back Safety</a>	<input type="checkbox"/>	<a href="#">Lockout/Tagout</a>	<input type="checkbox"/>
		<a href="#">Bloodborne Pathogens</a>	<input type="checkbox"/>	<a href="#">Reporting Injuries</a>	<input type="checkbox"/>
		<a href="#">Emergency Action Plans</a>	<input type="checkbox"/>	<a href="#">Walking-Working Surfaces</a>	<input type="checkbox"/>
		<a href="#">Ergonomics</a>	<input type="checkbox"/>	<a href="#">COVID-19</a>	<input type="checkbox"/>
		<a href="#">Fire Safety</a>	<input type="checkbox"/>		
	Required One Time Only	<a href="#">Electrical Safety</a>	<input type="checkbox"/>	<a href="#">Office Safety</a>	<input type="checkbox"/>
		<a href="#">Hazard Communications</a>	<input type="checkbox"/>		
		<a href="#">Low-Speed Vehicles</a>	<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: \_\_\_\_\_