# Facilities - Grounds

## OSHA Training

Name: ____________________________  Date Completed: ________________

<table>
<thead>
<tr>
<th>Mode of Training</th>
<th>Self-Study Training</th>
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<tbody>
<tr>
<td></td>
<td>Read through the safety training documents provided and take the quiz that follows.</td>
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</tbody>
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### Special Instructions

- **Back Safety**
- **Bloodborne Pathogens**
- **Emergency Action Plans**
- **Fire Safety**
- **Hazardous Waste**
- **Aerial Lifts**
- **Reporting Injuries**
- **Asbestos**
- **Heat Stress**
- **Ladder Safety**

- **Chain Saw Safety**
- **Lockout-Tagout**
- **Mower Safety**
- **Walking-Working Surfaces**
- **Mower Safety**
- **Personal Protective Equip.**
- **Power Hand Tools**
- **Safety Cans/Storage Cabinets**
- **Tool Safety**
- **Earth Moving Equipment**

- **Noise & Hearing Protection**
- **Hazard Communications**
- **Low Speed Vehicles**
- **Compressed Gas Cylinders**
- **Confined Spaces**
- **Electrical Safety**
- **Fall Protection**

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

Your Signature: ___________________________________________  Date:__________________________

Instructor's Signature: ______________________________________  Date:__________________________

Supervisor's Signature: _____________________________________  Date:__________________________

Check off modules as you complete each quiz. Send signed form via campus mail to Lauren Greene, Admin. Bldg. 302.