

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"/>	Noise & Hearing Protection <input type="checkbox"/>
		Bloodborne Pathogens <input type="checkbox"/>	
		Emergency Action Plans <input type="checkbox"/>	Lockout/Tagout <input type="checkbox"/>
		Fire Safety <input type="checkbox"/>	Reporting Injuries <input type="checkbox"/>
		COVID-19 <input type="checkbox"/>	Walking-Working Surfaces <input type="checkbox"/>
	Required One Time Only	Electrical Safety <input type="checkbox"/>	
		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