

Name: _____ Date Completed: _____

Mode of Training		Self-Study Training					
Special Instructions		Read through the safety training documents provided and take the quiz that follows.					
Training	Required Annually	Back Safety	<input type="checkbox"/>	Indoor Air Quality	<input type="checkbox"/>	Noise & Hearing Protection	<input type="checkbox"/>
		Bloodborne Pathogens	<input type="checkbox"/>	Lockout-Tagout	<input type="checkbox"/>	Hazard Communications	<input type="checkbox"/>
		Emergency Action Plans	<input type="checkbox"/>	Lockout-Tagout (Arc Flash)	<input type="checkbox"/>	Safety Cans/Storage Cabinets	<input type="checkbox"/>
		Fire Safety	<input type="checkbox"/>	Walking-Working Surfaces	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>
		Hazardous Waste	<input type="checkbox"/>	Low-Speed Vehicles	<input type="checkbox"/>	Compressed Gas Cylinders	<input type="checkbox"/>
		Aerial Lifts	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	COVID-19	<input type="checkbox"/>
		Reporting Injuries	<input type="checkbox"/>	Personal Protective Equip.	<input type="checkbox"/>		
		Asbestos	<input type="checkbox"/>	Electrical Safety	<input type="checkbox"/>		
		Heat Stress	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>		
		Ladder Safety	<input type="checkbox"/>	Tool Safety	<input type="checkbox"/>		
		Lead	<input type="checkbox"/>	Earth Moving Equipment	<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: _____

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