

Dining Services OSHA Training

Name: _____ Date Completed: _____

Department: _____ Faculty/Staff: _____ Annual Training: Yes No

Mode of Training		Self-Study Training				Online Training Module		
Special Instructions		Read through the safety training documents provided and take the quiz that follows.				Audio Enhanced Listen to the material and take the accompanying quiz.		
Training Module Quizzes		Quizzes are embedded at the conclusion of the training.				Quizzes are not embedded. Please click the accompanying quiz link and follow the instructions in completing the quiz after you complete the training module.		
Training	Required Annually	Fire Safety <input type="checkbox"/>	Back Safety <input type="checkbox"/>			Training	Quiz	
	Required One Time Only	Lockout/Tagout <input type="checkbox"/>	Emergency Action Plans <input type="checkbox"/>	Reporting Injuries <input type="checkbox"/>	Walking-Working Surfaces <input type="checkbox"/>	Bloodborne <input type="checkbox"/>	Quiz <input type="checkbox"/>	
		Hazard Communications <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 via campus mail to Jeanette Reeves in the Rampey Center