Safety Training Completion Form

Only one "Training Completion Form" is needed for the following training modules. Please print your name and date the items that you have completed, have your Supervisor sign and date it, make a copy for yourself and return this form (with all supporting training documents) to the Safety Officer

I, _____, have completed the following training modules:
(Please Print)

Date Completed:	**Title:**
_____	Safely Working Around Ag Machinery - Online
_____	Basic First Aid - Online
_____	Fish Farm Safety - Video
_____	Asbestos Awareness - Video
_____	Practicing Safe Science – Video
_____	Hazard Communication for Supervisors – Online
_____	Liquid Nitrogen – Powerpoint
_____	Slip & Fall Protection – Online
_____	Safety Orientation – Manual
_____	Safely Handling Pesticides – Online
_____	Gator Safety – Video
_____	EMS Awareness – Powerpoint
_____	Safety, Health & Environmental Mgmt – We All Play a Role – Online Video
_____	SHEM: Employees Rights & Responsibilities – Online Video
_____	Managing Safe Workplaces: Supervisory Roles & Responsibilities – Online Video
_____	ARS Radiation Safety Program – Online Video
_____	ARS Biological Safety Program – Online Video
_____	Succeeding as a Collateral Duty Safety Officer (CDSO) – Online Video

Trainee's Signature: _____

Supervisor's Signature: _____

Date: _____