



Annual Safety Training / Competency Answer Sheet

Name: _____ Department/Unit: _____

Please circle the correct answer

PHARMACOLOGY		INFECTION CONTROL	FIRE & ELECTRICAL SAFETY	AGE SPECIFIC	SCAN	PAIN MANAGEMENT	SEDA
1 1 2 3 4	11 1 2 3 4	1 T F	1 1 2 3 4	1 A B C	1 T F	1 T F	1 T F
2 1 2 3 4	12 1 2 3 4	2 T F	2 1 2 3 4	2 A B C	2 T F	2 T F	2 T F
3 1 2 3 4	13 1 2 3 4	3 T F	3 1 2 3 4	3 A B C	3 T F	3 T F	3 T F
4 1 2 3 4	14 1 2 3 4	4 T F	4 1 2 3 4	4 A B C	4 T F	4 T F	4 T F
5 1 2 3 4	15 1 2 3 4	5 T F	5 1 2 3 4	5 A B C	5 T F	5 T F	5 T F
6 1 2 3 4	16 1 2 3 4	6 T F	6 1 2 3 4	6 A B C	6 T F	6 T F	6 T F
7 1 2 3 4	17 1 2 3 4	7 T F	7 1 2 3 4	7 A B C	7 T F	7 T F	7 T F
8 1 2 3 4	18 1 2 3 4	8 T F	8 1 2 3 4	8 A B C	8 T F		
9 1 2 3 4	19 1 2 3 4	9 T F	9 1 2 3 4	9 A B C	9 T F		
10 1 2 3 4	20 1 2 3 4						
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
RESTRAINTS	PATIENT EDUC.	BLOODBORNE PATHOGENS	BLOOD GLUCOSE	DOMESTIC VIOLENCE	CULTURAL DIVERSITY	SEXUAL ASSAULT	RADIATION SAFETY
1 a b c d	1 a b c d e	1 a b c	1 a b	1 a b c d	1 T F	1 T F	1 a b
2 a b c d	2 a b c d e	2 a b c	2 a b	2 a b c d	2 T F	2 T F	2 a b c d e f
3 a b c d	3 a b c d e	3 a b c d	3 a b c d	3 a b c d	3 T F	3 T F	3 a b c d e f
4 a b c d	4 a b c d e	4 a b c d	4 a b c d	4 T F	4 T F	4 T F	4 a b c d
5 a b c d	5 a b c d e	5 a b c	5 a b c	5 T F	5 T F	5 T F	
6 a b c d	6 a b c d e	6 a b c	6 a b c d	6 T F	6 T F	6 T F	
7 a b c d	7 a b c d e	7 a b c	7 a b c d	7 T F	7 T F	7 T F	
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
PHYSICAL ASSAULT (ER/PSYCH ONLY)	QUALITY IMPROVEMENT	PATIENT'S RIGHTS	BODY MECHANICS	DISASTER PREPAREDNESS	FALL PREVENTION	HAZARDOUS MATERIALS	
1 T F	1 a b c d e	1 a b c d	1 a b c d	1 a b c d	1 a b c d	1 a b c d	
2 T F	2 a b c d e	2 a b	2 a b c d	2 a b c d	2 a b c d	2 a b c d	
3 T F	3 a b c	3 a b c d e	3 a b c d	3 a b c d	3 a b c d	3 a b c d	
4 T F	4 a b c d e	4 a b	4 a b c d	4 a b c d	4 a b c d	4 a b c d	
5 T F	5 T F	5 a b c d e	5 a b c d	5 a b c d	5 a b c d	5 a b c d	
Score:	Score:	Score:	Score:	Score:	Score:	Score:	

I agree to follow the practice and procedures set forth in the above training sessions, and to comply with all safety rules in the performance of my job duties. I also understand that should I not follow appropriate safety policies, I may be subject to disciplinary actions, up to and including termination.

Employee Initials _____ Date _____

Manager/Designer Signature _____ Date _____