



# Annual Safety Training / Competency Answer Sheet

RN

Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Please circle the correct answer

| PHARMACOLOGY                     |                     | INFECTION CONTROL    | FIRE & ELECT. SAFETY | AGE SPECIFIC          | CONSCIOUS SEDATION | SCAN                | PAIN MANAGEMENT  |
|----------------------------------|---------------------|----------------------|----------------------|-----------------------|--------------------|---------------------|------------------|
| 1 1 2 3 4                        | 11 1 2 3 4          | 1 T F                | 1 1 2 3 4            | 1 A B                 | 1 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 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 a b c d          | 9 T F               |                  |
| 10 1 2 3 4                       | 20 1 2 3 4          |                      |                      |                       |                    |                     |                  |
|                                  | Score:              | Score:               | Score:               | Score:                | Score:             | Score:              | Score:           |
| RESTRAINTS                       | SEDAA               | BLOODBORNE PATHOGENS | BLOOD GLUCOSE        | DOMESTIC VIOLENCE     | CULTURAL DIVERSITY | SEXUAL ASSAULT      | PATIENT EDUC.    |
| 1 a b c d                        | 1 T F               | 1 a b c              | 1 a b                | 1 a b c d             | 1 T F              | 1 T F               | 1 a b c d e      |
| 2 a b c d                        | 2 T F               | 2 a b c              | 2 a b                | 2 a b c d             | 2 T F              | 2 T F               | 2 a b c d e      |
| 3 a b c d                        | 3 T F               | 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      |
| 4 a b c d                        | 4 T F               | 4 a b c d            | 4 a b c d            | 4 T F                 | 4 T F              | 4 T F               | 4 a b c d e      |
| 5 a b c d                        | 5 T F               | 5 a b c              | 5 a b c              | 5 T F                 | 5 T F              | 5 T F               | 5 a b c d e      |
| 6 a b c d                        | 6 T F               | 6 a b c              | 6 a b c d            | 6 T F                 | 6 T F              | 6 T F               | 6 a b c d e      |
| 7 a b c d                        | 7 T F               | 7 a b c              | 7 a b c d            | 7 T F                 | 7 T F              | 7 T F               | 7 a b c d e      |
|                                  | 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 | RADIATION SAFETY |
| 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           | 1 a b            |
| 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           | 2 a b c d e f    |
| 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           | 3 a b c d e f    |
| 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           | 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:           |

| CONSCIOUS SEDATION w/o LIP (ICU/DPS only) |
|---|
| 1 T F                                     |
| 2 T F                                     |
| 3 T F                                     |
| 4 T F                                     |
| 5 T F                                     |
| 6 T F                                     |
| 7 T F                                     |
| 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/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_