OSHA Post-Test

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

1. OSHA is the Occupational Safety and\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Act/Administration.
2. The purpose of the OSHA regulations is to ensure health and safety for whom? \_\_\_\_\_\_\_\_\_\_
3. OSHA always holds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accountable for hazards.
4. PRCE’s Safety Coordinator is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Our OSHA manual is kept where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. I always have access to the OSHA manual and may receive a copy of the standards or policies upon request. TRUE or FALSE
7. List four hazards that you may encounter at PRCE.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are you at risk for exposure to bloodborne pathogens? YES or NO
9. Define or describe “universal Precautions.” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Match the symptom with the infection:
	1. HIV 1. Jaundice
	2. Hep B 2. Severe fatigue
	3. Hep C 3. Swollen lymph glands
2. Name one activity that may result in transmitting hepatitis or HIV.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The minimum personal protective equipment that must be worn when performing a task that puts you at risk for exposure to an infectious agent is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name one item other than gloves that contain latex. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name the disinfectant you use and its “kill” time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you been encouraged to obtain the hepatitis b vaccination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What should you do if you have a bloodborne pathogen exposure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Where is our first aid kit stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. What is your responsibility in an emergency evacuation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Our designated meeting place is where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. What is the emergency phone number anyone can use to get help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Must every container be labeled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Describe the MSDS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. PRCE’s MSDS sheets are stored where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Name a hazardous chemical you use and a hazard associated with it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Give an example of an ergonomics hazard. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. A potential trigger for Workplace Violence in our office is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and we should respond by what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How is Tuberculosis spread? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name one symptom of Tuberculosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSHA EMPLOYEE TRAINING CONTRACT

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my employer
 (Print employee name and job title) (Date)

provided me with training on the OSHA Regulations. Included in my training were the following items:

1. My rights and responsibilities under OSH act
2. The hazards present in my workplace
3. The location and general content of my employer’s OSHA policy and procedure manual
4. Bloodborne Pathogens: exposure risks, controls, HBV vaccination, post-exposure evaluation and follow-up
5. Hazardous Communications: locations of MSDS’s, chemicals hazards, and controls
6. Emergency action plan
7. Electrical safety
8. Workplace violence: prevention, handling, response
9. Ergonomics: good body mechanics and engineering controls
10. Tuberculosis: Symptoms, epidemiology, controls

Site-specific information was covered, and I was given an opportunity to ask questions.

I fully comprehend the material presented in this training session, and I understand that my failure to comply with my employer’s OSHA policies may result in disciplinary action.

Name and Qualifications of Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Date) (Employer’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Safety Coordinator)

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

(REQUIRED by end of volunteer training or hire date)

1. Have you ever had a positive TB skin test? Yes No
2. Have you ever had close contact with anyone who was sick with TB? Yes No
3. Were you born in one of the countries listed below\*? If yes, please CIRCLE the country

 Yes No

1. If you marked “yes” above have you arrived in the US within the past 5 years? Yes No

If the answer is YES to any of the above screening questions, you must contact the Nurse Manager or Executive Director.

 If the answer is NO to all of the above questions, no further assessment is required. Place this signed form in the Nurse Manager’s mail slot.

Volunteer/Staff Name Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer/Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Countries

Afghanistan

Algeria

Angola

Anguilla

Argentina

Armenia

Azerbaijan

Bahamas

Bahrain

Bangladesh

Belarus

Belize

Benin

Bhutan

Bolivia

Bosnia Herzegovina

Botswana

Brazil

Brunei Darussalam

Bulgaria

Burkina Faso

Burundi

Cambodia

Cape Verde

Central African Republic

Chad

China

Columbia

Comoros

Congo

Congo DR

Cote d’Ivoire

Djibouti

Dominican Republic

Ecuador

Egypt

El Salvador

Equatorial Guinea

Eritrea

Estonia

Ethiopia

Fiji

French Polynesia

Gabon

Gambia

Georgia Ghana

Guam

Guinea

Guinea-Bissau

Guyana

Haiti

Honduras

India

Indonesia

Iran

Iraq

Japan

Kazakhstan

Kenya

Kiribati

Korea-DPR

Korea-Rep

Kuwait

Kyrgyzstan

Lao PDR

Latvia

Lesotho

Liberia

Lithuania

Madagascar

Malawi

Malaysia

Maldives

Mali

Marshall Islands

Mauritania

Mauritius

Mexico

Micronesia

Moldova-Rep

Mongolia

Montenegro

Morocco

Mozambique

Myanmar

Namibia

Nauru

Nepal

New Caledonia

Nicaragua

Niger

Nigeria

Niue

Northern Mariana Islands

Pakistan

Panama

Papua New Guinea

Paraguay

Peru

Philippines

Poland

Qatar

Romania

Russian Federation

Rwanda

St. Vincent/Grenadines

Sao Tome/Principe

Saudi Arabia

Senegal

Seychelles

Sierra Leone

Singapore

Solomon Islands

Somalia

South Africa

Spain

Sri Lanka

Sudan

Suriname

Syrian Arab Rep

Swaziland

Tajikistan

Tanzania-UR

Thailand

Timor-Leste

Togo

Tokelau

Tonga

Tunisia

Turkey

Turkmenistan

Tuvalu

Uganda

Ukraine

Uruguay

Uzbekistan

Vanuatu

Venezuela

Vietnam

Wallis/Futana Islands

West Bank/Gaza Strip

Yemen

Zambia

Zimbabw

