

**Baton Rouge Community College (BRCC)**

**EMPLOYEE TRAINING & CERTIFICATION FORM**

**2017-2018**

**Employee First and Last Name (print):**

 **Hire Date:**

**Employee ID Number:**

 **Position Title:**

 **Department:**

 **Phone Number:**

**Email Address:**

 **Office Location:**

 **Supervisor:**

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| --- | --- | --- | --- |
| **TOPIC** | **DATE COMPLETED** | **EMPLOYEE’S SIGNATURE** | **SUPERVISOR’S SIGNATURE** |
| Accident/Incident Reporting Program |  |  |  |
| Americans With Disabilities Act (ADA) Policy |  |  |  |
| Bloodborne Pathogens Program  |  |  |  |
| BRCC All Hazards Emergency Response Plan |  |  |  |
| **BRCCCONNECT** (BRCC’s Campus Notification System) Signed up to receive alerts regarding emergencies or critical incidents on or near the campus. |  |  |  |
| Campus Security Authority (CSA) Training |  |  |  |
| Chancellor’s Safety Policy Statement |  |  |  |
| Comprehensive Safety Program Requirements Acknowledgement Form |  |  |  |
| Detailed Bloodborne Pathogens Policy Training (high risk for exposure) |  |  |  |
| Driver Safety Program (Overview) |  |  |  |
| Drug-Free Workplace Policy & Testing |  |  |  |
| Emergency Evacuation Policies and Procedures |  |  |  |
| Equipment Management Program |  |  |  |
| Ethics |  |  |  |
| Hazard Communication |  |  |  |
| Job Safety Analysis |  |  |  |
| Lock Out/Tag Out Policy |  |  |  |
| Location, Content & Use of the College’s Safety Manual & Safety Webpage |  |  |  |
| Location, Content & Use of Jeanne Clery Disclosure of Campus Security Policy & Campus Crime Statistics Act **(Annual Security Report or Clery Act)** Webpage |  |  |  |
| Post Accident Drug Testing Policy |  |  |  |
| Safety Responsibilities |  |  |  |
| Safety Rules |  |  |  |
| Sexual Harassment Policy |  |  |  |
| Title IX (Get Inclusive- Sexual Assault Prevention Program on-line Training Module) |  |  |  |
| Transitional Return to Work Policy |  |  |  |
| Work Place Violence |  |  |  |

I certify I have completed the Mandated Safety Training as described in the Employee’s Acknowledgment Form of the **Comprehensive Safety Program Requirements** and have received training on the above topics, policies, procedures, and other essential information in an effort to assist in providing safety to employees of the College. By signing below I acknowledge I have received and understood the Safety Requirements and efforts of BRCC to implement an operational Comprehensive Loss Prevention Program mandated by the Office of Risk Management (ORM) and the Loss Prevention Unit, pursuant to L.R.S. 39:1543.

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**Employee Signature Date**