

**Baton Rouge Community College (BRCC)**

**QUARTERLY SAFETY MEETINGS & CERTIFICATION FORM**

**2017-2018**

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

**Hire Date:**

**Employee ID Number:**

**Position Title:**

**Department:**

**Phone Number:**

**Office Location:**

**Supervisor:**

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| **QUARTERLY SAFETY MEETINGS** | **TOPIC** | **EHS DELIVERY** | **DEADLINE** | **DATE**  **COMPLETED** | **EMPLOYEE’S SIGNATURE** | **SUPERVISOR’S SIGNATURE** |
| **1ST Quarter**  JULY 1ST –SEPTEMBER 30TH | Fire/Explosion/Alarm & Procedures  BRCC Emergency  Preparedness & Locations | 8/15/2017 | **9/30/2017** |  |  |  |
| **2nd Quarter**  OCTOBER 1ST –DECEMBER 31ST | Hurricanes & Tornado Procedures | 10/2/2017 | **12/31/2017** |  |  |  |
| **3rd Quarter**  JANUARY 1ST –MARCH 31ST | BRCC General Safety Rules & CDC Pamphlet- Fighting the Flu | 2/14/2018 | **3/31/2018** |  |  |  |
| **4th Quarter**  APRIL 1ST – JUNE 30TH | Driver Authorization | 5/21/2018 | **6/30/2018** |  |  |  |

I certify that I have completed the above Quarterly Safety Meetings and Topics listed above. I certify that I fully understand the duties, responsibilities, roles, and expectations of me as an employee as it related to these polices and topics. I agree to abide by and follow all College policies and procedures.

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**Employee Signature Date**