

**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 & ProceduresBRCC EmergencyPreparedness & 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**