

University of Louisiana at Monroe (ULM)
New Employee Training Certification Form

Employee First and Last Name (print): _____

Hire Date: _____

Employee ID Number: _____

Position Title: _____

Department: _____

Phone Number: _____

Email Address: _____

Office Location: _____

Supervisor: _____

Topic	Initials		Initials
Post Accident Drug Testing Policy		Transitional Return to Work Policy	
Anti Harassment Policy		Emergency Evacuation Policies and Procedures	
Drug Free Workplace Policy & Testing		Hazard Communication Program	
Violence in the Workplace Policy		Chemical Hygiene Policies and Procedures	
Americans with Disabilities Act Policy		First Call Emergency Alert System	
President's Safety Policy Statement		Incident/Accident Investigation and Reporting	
Location, Content and Use of the University Safety Manual and Safety Website		Bloodborne Pathogens	
University General Safety Rules		Lock Out/Tag Out Policy	
University Employee Responsibilities		University Key and Access Control Policy and Procedures	
Overview of Driver Safety Program		Property Control Policy and Procedures	
Detailed Bloodborne Pathogens Policy Training (High Risk for Exposure)		Detailed Chemical Hygiene/Lab Safety Training	

I certify that I have received training on the policies 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 policies and topics. I agree to abide by and follow all University policies and procedures.

Employee Signature

Date