

## 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 (any) 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." \_\_\_\_\_  
\_\_\_\_\_
10. Match the symptom with the infection:
 

a. HIV	1. Jaundice
b. Hep B	2. Severe fatigue
c. Hep C	3. Swollen lymph glands
11. Name one activity that may result in transmitting hepatitis or HIV. \_\_\_\_\_
12. 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? \_\_\_\_\_
13. Name a symptom of latex allergy. \_\_\_\_\_
14. Name one item other than gloves that contain latex. \_\_\_\_\_
15. Name the disinfectant you use and its "kill" time. \_\_\_\_\_
16. Have you been encouraged to obtain the hepatitis b vaccination? \_\_\_\_\_
17. What should you do if you have a bloodborne pathogen exposure? \_\_\_\_\_
18. Where is our first aid kit stored? \_\_\_\_\_
19. What is your responsibility in an emergency evacuation?  
\_\_\_\_\_
20. Our designated meeting place is where? \_\_\_\_\_
21. What is the emergency phone number anyone can use to get help? \_\_\_\_\_
22. Must every container be labeled \_\_\_\_\_
23. Describe the MSDS. \_\_\_\_\_
24. PRCE's MSDS sheets are stored where? \_\_\_\_\_
25. Name a hazardous chemical you use and a hazard associated with it. \_\_\_\_\_  
\_\_\_\_\_
26. Give an example of an ergonomics hazard. \_\_\_\_\_
27. A potential trigger for Workplace Violence in our office is \_\_\_\_\_, and we should respond by what? \_\_\_\_\_
28. How is Tuberculosis spread? \_\_\_\_\_
29. Name one symptom of Tuberculosis? \_\_\_\_\_

OSHA/HIPAA Volunteer/Staff TRAINING CONTRACT

I \_\_\_\_\_ verify that on \_\_\_\_\_ my employer  
(Print name and PRCE position 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 was given training for HIPAA that is site-specific to PRCE and I agree to abide by HIPAA rules/regulations.

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

Signature \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

## 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
4. 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 [annisfprce@gmail.com](mailto:annisfprce@gmail.com) or Executive Director [gailduhon.prcebaytown@gmail.com](mailto:gailduhon.prcebaytown@gmail.com)

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	Comoros	Kazakhstan	Nauru	Spain
Algeria	Congo	Kenya	Nepal	Sri Lanka
Angola	Congo DR	Kiribati	New Caledonia	Sudan
Anguilla	Cote d'Ivoire	Korea-DPR	Nicaragua	Suriname
Argentina	Djibouti	Korea-Rep	Niger	Syrian Arab Rep
Armenia	Dominican Republic	Kuwait	Nigeria	Swaziland
Azerbaijan	Ecuador	Kyrgyzstan	Niue	Tajikistan
Bahamas	Egypt	Lao PDR	Northern Mariana Islands	Tanzania-UR
Bahrain	El Salvador	Latvia	Pakistan	Thailand
Bangladesh	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Belarus	Eritrea	Liberia	Papua New Guinea	Togo
Belize	Estonia	Lithuania	Paraguay	Tokelau
Benin	Ethiopia	Madagascar	Peru	Tonga
Bhutan	Fiji	Malawi	Philippines	Tunisia
Bolivia	French Polynesia	Malaysia	Poland	Turkey
Bosnia Herzegovina	Gabon	Maldives	Qatar	Turkmenistan
Botswana	Gambia	Mali	Romania	Tuvalu
Brazil	Georgia Ghana	Marshall Islands	Russian Federation	Uganda
Brunei Darussalam	Guam	Mauritania	Rwanda	Ukraine
Bulgaria	Guinea	Mauritius	St. Vincent/Grenadines	Uruguay
Burkina Faso	Guinea-Bissau	Mexico	Sao Tome/Principe	Uzbekistan
Burundi	Guyana	Micronesia	Saudi Arabia	Vanuatu
Cambodia	Haiti	Moldova-Rep	Senegal	Venezuela
Cape Verde	Honduras	Mongolia	Seychelles	Vietnam
Central African Republic	India	Montenegro	Sierra Leone	Wallis/Futana Islands
Chad	Indonesia	Morocco	Singapore	West Bank/Gaza Strip
China	Iran	Mozambique	Solomon Islands	Yemen
Columbia	Iraq	Myanmar	Somalia	Zambia
	Japan	Namibia	South Africa	Zimbabwe

## **Hepatitis B (HBV) Vaccination Series Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

or

Volunteer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_