



JCAHO/OSHA INSERVICE ATTESTATION

	Date	Date	Date
1. Universal Precautions	_____	_____	_____
2. Hepatitis B	_____	_____	_____
3. Patient Restraints	_____	_____	_____
4. Hand Hygiene	_____	_____	_____
5. Safe Lifting	_____	_____	_____
6. Fire Safety	_____	_____	_____
7. Transmission Precautions	_____	_____	_____
8. Bloodborne Pathogens	_____	_____	_____
9. Hazardous Substances	_____	_____	_____
10. Electrical Safety	_____	_____	_____
11. Patient Confidentiality	_____	_____	_____
12. Elder Abuse	_____	_____	_____
13. MRSA Safety	_____	_____	_____
14. Infection Control	_____	_____	_____
15. Orientation	_____	_____	_____

Proficiency Med Test Score _____ %

Employee Name: _____

Supervisor Signature: _____