









QUIZ: Occupational Health & Safety Act for New Hire & Annual Staff Training 2014

Directions: Print and complete quiz after viewing the OSHA New Hire & Annual Staff Training. Once completed, submit to your supervisor for review and training credit.

Employee Name: _____ Date: _____

Program Name: _____

Matching.

<p>A </p>	<p>1 <input type="checkbox"/> Explosives Self-reactives Organic peroxides</p>	<p>5 <input type="checkbox"/> Skin corrosion/burns Eye damage Corrosive to metals</p>
<p>B </p>	<p>2 <input type="checkbox"/> Carcinogen Mutagenicity Reproductive toxicity Respiratory sensitizer Target organ toxicity Aspiration toxicity</p>	<p>6 <input type="checkbox"/> Oxidizers</p>
<p>C </p>	<p>3 <input type="checkbox"/> Flammables Pyrophorics Self-heating Emits flammable gas Self-reactives Organic peroxides</p>	<p>7 <input type="checkbox"/> Acute toxicity (fatal or toxic)</p>
<p>D </p>	<p>4 <input type="checkbox"/> Gases under pressure</p>	<p>8 <input type="checkbox"/> Irritant (skin and eye) Skin sensitizer Acute toxicity (harmful) Narcotic effects Respiratory tract irritant</p>
<p>E </p>		
<p>F </p>		
<p>G </p>		
<p>H </p>		

Supervisor Signature: _____ Date: _____

Cc: Scan to HRHelpDesk@ucpcentralpa.org for employee HR file. Date scanned: _____