

Galaxy Medical
ANNUAL EMPLOYEE TRAINING RECORD

Name of Employee: _____

Revised 07/2013

Job Title: _____

Training Subject	Review/Test Date	Comments
1 – Company Overview		
2 – Training Program		
3 – Provision of Care		
4 – Patient Rights & Education		
5 – Equipment Management		
6 – Infection Control		
7 – Information Management		
8 – Environmental Safety		
9 – Regulatory Agencies		
10 – Sentinel Events		
11 – HIPAA Privacy Rules		
12 – Bloodborne Pathogens		
13 – Airborne Pathogens		
14 – Hazardous Communication		
15 – Personal Protective Equipment		
16 – Hand Hygiene		
17 – Emergency Management Plan		
18 – Preventing Slips, Trips and Falls		
19 – Lifting, Ladder, Stairway Safety		
20 – Transporting Cargo Safely		
21 – Electrical Safety		
22 – Office Ergonomics		
23 – Drugs in the Workplace		
24 – Work Place Violence		

I acknowledge that I have received, read, reviewed and fully understand and will adhere to the safety and health and other training listed above. My supervisor has clarified, to my satisfaction, all questions or concerns related to the material presented.

Name of GMP Employee

Date

Name of GMP Supervisor

Date