

**UNIVERSITY OF RHODE ISLAND
COLLEGE OF NURSING**

OSHA CERTIFICATION

Name: _____ SS#: _____ Date: _____

_____ RI Hospital Safety Training Program

_____ Film: Fire Safety

_____ Film: Universal Precautions/Infection Control (Bloodborne Pathogens)

Instructor to initial each session student was in attendance. Student & Instructor to sign bottom of form when all requirements are met.

Student Signature

Faculty Signature