

Annual Policy Signoff Sheet

I, _____, certify that I have read and understand all the following policies and procedures and completed applicable training*:

- | | |
|---|--|
| <input type="checkbox"/> Worldwide Travel Staffing Employee Manual / Field Staff Handbook | <input type="checkbox"/> Sexual Harassment in the Workplace |
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> HIPAA Training |
| <input type="checkbox"/> Bloodborne Pathogens Policy | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> Universal Precautions Policy | <input type="checkbox"/> Standard Precautions |
| <input type="checkbox"/> Hand Washing Policy | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Back Safety Policy | <input type="checkbox"/> Vulnerable Adults Training |
| <input type="checkbox"/> Fire Safety & Prevention Policy | <input type="checkbox"/> Pain Assessment |
| <input type="checkbox"/> Electrical Safety Policy | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Employee Rights Under the OSHA Standard | <input type="checkbox"/> Pain Screening |
| <input type="checkbox"/> Hazard Communication Policy | <input type="checkbox"/> Pain Recognition |
| <input type="checkbox"/> Additional Policies & Procedures (For non-routine work tasks) | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> How to Use a Safety Data Sheet (SDS) | <input type="checkbox"/> Resident Rights |
| <input type="checkbox"/> Age Specific Competency | <input type="checkbox"/> Resident adjustment to institutional life |
| <input type="checkbox"/> Cultural Diversity and Sensitivity in the Workplace | <input type="checkbox"/> Tuberculosis Training |

* Electronic copies of all policies, procedures and corresponding training materials are available online at www.worldwidetravelstaffing.com

Signature: _____ Date: _____