



Employee Safety Training Quiz

Please print fill out and turn in to trainer

1. Who is Bridges, Inc.'s Responsible Safety Officer? _____.
 2. If any safety hazard is detected, who should it be reported to? _____ or

 3. Do not leave materials or other objects on the floor, which may cause others to _____
Or _____.
 4. Make sure your feet aren't in contact with any _____ when you operate electrical appliances.
 5. What is the first rule of an evacuation? _____ .
 6. Potential fire hazards include: _____

 7. What is the first step to follow in the event of a fire?
 - a. Call Building Security.
 - b. Notify the Responsible Safety Officer.
 - c. Call the Fire Department.
 - d. Evacuate.
 8. If you receive a bomb threat by telephone, remain _____.
 9. What is the safest way to handle using your cell phone while driving?
 - e. Pull over to the side of the road and answer the call.
 - f. Use a hands-free device.
 - g. Let your voicemail answer the call.
 - h. All of the above,
 10. Avoid _____ contact with an aggressive driver and don't take traffic problems

11. If you jokingly say, "You better watch your back!" it is considered being aggressive or threatening and not acceptable at work. True False
12. What are some stretches that can help alleviate pain and tension in your neck, back and shoulders?

13. All agency employees are protected by _____ Insurance to cover the costs and effects if injured on the job.
14. What is one of the largest causes of accidents in the office?
- a. Filing cabinets
 - b. Chairs
 - c. Bad traffic patterns
 - d. Sharp objects
15. Preferred lighting when working on computer monitors is
- a. Daylight
 - b. Fluorescent lights
 - c. Table lamp
 - d. Overhead lighting
16. Never leave an open file cabinet drawer _____
17. A plant or box placed so it creates a _____ is often an overlooked hazard.
18. Use a _____ or _____ to reach items stored out of reach.
19. _____ will follow if there is a failure to abide by any safety rules.

Employee Acknowledgement

By signing below, I acknowledge that I have read, understand, and agree to abide by the provisions set forth in the Bridges Professional Treatment Inc. **Safety** policy.

Print Name: _____

Signature: _____

Date: _____

