

2021 HOSPITAL HCF CONTACT VERIFICATION FORM

Please print legibly or type

Healthcare Facility/HCF Contact: _____
First Middle Last Title

Hospital: _____

Address: _____
City State Zip

Phone: _____ Fax: _____

E-mail: _____

I, _____, have received the “HAZWOPER for First Receivers” packet and understand I am to ensure that exam information remains confidential. The information about exam questions and answers shall not be copied or shared with anyone. Hard copies of the exams are to be stored securely, made available to those taking the exam, and then returned back to secured storage, shredded, or disposed of properly. I understand that the “Training Modules” are copyrighted by Oklahoma State University Board of Regents and cannot be reproduced; however, reproduction of hard copies of the exam as well as the “Additional Documents” training study materials are allowed. I understand that I am responsible for the training materials. By signing below I agree I have read and understood the following items:

- 1) It is understood that under the OSHA Standards, medical evaluations are required of employees to attest to physical fitness prior to wearing Personal Protective Equipment (PPE). Oklahoma State University, the Oklahoma State Board of Regents, and the Oklahoma State Department of Health assume no responsibility that these standards are met. It is the Health Care Facility’s (HCF) responsibility to ensure those participating in the Hands-On training are medically fit to do so.
- 2) The protocols and practices presented in this program are representative of current standards at the time of production and may change as new information becomes available.
- 3) Successful completion of this course does not ensure continued competency in the subject matter. According to 29 CFR OSHA 1910, it is the employer’s responsibility to provide an environment where employees can maintain and be evaluated on their competency. Annual Refresher Training will help maintain a competency level commensurate with the intent of the OSHA HAZWOPER Standard.
- 4) It remains the employer’s, HCF, responsibility to ensure that employees designated to wear PPE, as prescribed by “Best Practices,” meet OSHA medical requirements under both HAZWOPER 29 CFR 1910.120 and Respiratory Protection 29 CFR 1910.134 as well as to keep accurate employee medical and training records.

Estimated number to be trained to “Awareness” Estimated number to be trained to “Operations”

Signed Date

Please complete and return to: **OSU CEAT Professional Development**
Hospital First Receiver Program
5202 North Richmond Hill Drive
Stillwater, OK 74078
Phone: (405) 744-9226
Fax: (405) 744-8802