

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
DEPARTMENT OF NURSING
Annual Safety Requirements

Date Completed

Universal Precautions _____	Patient Safety _____
Blood borne Pathogens _____	Injury Reporting/ Accident Report _____
Fire/Oxygen/Electrical Safety _____	Workplace Violence _____
HIPAA Regulations _____	Disaster Response _____
Hospital Emergency Codes _____	Cultural Diversity _____
Customer Service & Patient Satisfaction _____	Back Safety/ Ergonomics _____
Hazard Communication _____	

I have participated in the annual safety requirement education program (CSUB Local Healthcare Facility Orientation) and understand my responsibility in the above areas. I also understand it is my responsibility to read the Undergraduate Student Policy Handbook and be aware of any changes or updates to the handbook.

Student Signature _____ Date _____

Print Name: _____