

## Pike Health Services' Mandatory In-Service Test Check Sheet

**TEST NAME**

**SCORE/SUPV. INITIALS**

Basic Fire Safety Test	_____ / _____
Basic Radiation & MRI Safety Test	_____ / _____
Corporate Compliance Test	_____ / _____
Developing Cultural Sensitivity Test	_____ / _____
Focus on Domestic Violence Test	_____ / _____
Hazard Communications Test	_____ / _____
HIPAA Test	_____ / _____
Infection Control Test	_____ / _____
Overview of Advance Directives Test	_____ / _____
Patients' Rights & Responsibilities Test	_____ / _____
Prevention of Substance Abuse in the Workplace Test	_____ / _____
Principles for Proper Body Mechanics Test	_____ / _____
Quality Management Test	_____ / _____
Safety and Disaster Planning Test	_____ / _____
Weapons of Mass Destruction Test	_____ / _____

\_\_\_\_\_  
Employee's Name (Printed)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee's Signature      /      \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature      /      \_\_\_\_\_  
Date