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| Check for Understanding  This document is used to verify that the employee attending the training (The Trainee),  understands the key points of the training provided. | | | | | | |
| **Topic:** | | | Slip, Trip, and Fall | | | |
| Circle the best answer to the following questions | | | | | | |
| 1. | What is the minimum height issue involved?  A. 1”  B. ¾”  C. ½”  D. ¼” | | | | | |
| 2. | Can the simple use of a cell phone while walking present a hazard?  Yes  No | | | | | |
| 3. | What is the single most important factor to prevent slip, trip, and fall?  A. Warning others of a hazard  B. Housekeeping  C. Closing open filing cabinets | | | | | |
| 4. | It is okay to come down a ladder with your back to the ladder, as long as you are holding on securely.  True  False | | | | | |
| **Employer’s Name**  **City/ County:** | |  | | | | |
| **Trainee Section** – By signing this document, I verify that I have viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Trainee’s Name: | | |  | | Date |  |
| Trainee’s Signature: | | |  | | | |
| **Employer’s Training/ Safety/ HR Coordinator Section** – By signing this document, I verify that the “Trainee” has viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Coordinator’s Name: | | | |  | Date |  |
| Coordinator’s Signature: | | | |  | | |
| Please scan and return via e-mail to [lgrmsadmin@lgrms.com](mailto:lgrmsadmin@lgrms.com) or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 | | | | | | |