

COVID-19 Training Verification Form

Oregon OSHA's rule for COVID-19 (OAR 437-001-0744) requires all employers to provide workers with information and training regarding COVID-19.

Business/Employer Name

Employee Name

Training Date

My initials next to each item verify that my employer has provided me with information, training, and an opportunity to provide feedback on these topics:

- Physical distancing requirements as they apply to my workplace and job function(s).
- Mask, face covering, or face shield requirements as they apply to my workplace and job function(s).
- COVID-19 sanitation requirements as they apply to my workplace and job function(s).
- COVID-19 signs and symptom reporting procedures that apply to my workplace.
- My employer's COVID-19 infection notification process.
- How my employer will provide direction on medical removal due to quarantine or isolation for COVID-19.
- The characteristics and methods of transmission of the SARS-CoV-2 virus.
- The symptoms of the COVID-19 disease.
- The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus.
- Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices.
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Additional employee feedback

This training verification form is provided as a convenience, but is not required by the rule. Oregon OSHA's Administrative Rule 437-001-0744 Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces is available at [osha.oregon.gov](https://www.osha-oregon.gov).