

SAFETY QUIZ ANSWER SHEET

NAME: _____

DATE: _____

Print the letter for the correct answer to each question in the spaces provided below.

Do not write in the Safety Training Manual

1. _____

10. _____

19. _____

2. _____

11. _____

20. _____

3. _____

12. _____

21. _____

4. _____

13. _____

22. _____

5. _____

14. _____

23. _____

6. _____

15. _____

24. _____

7. _____

16. _____

25. _____

8. _____

17. _____

9. _____

18. _____

Number of Correct Answers _____

Percentile Score _____

Review and correct all answers to achieve 100%.

Office Staff Signature

Applicant Signature