

NDSU On-line Hazard Communication Quiz

Name: _____ EmpID: _____

Department: _____ Date: _____

Please complete and sign

- True False 1. Management, Supervisors and Employees are all responsible for safety in the workplace?
- True False 2. Personal Protective Equipment must be worn when required for the job?
- True False 3. Annual Baseline Safety Training is a mandatory requirement for all NDSU employees?
- True False 4. You must report all accidents, injuries and near misses immediately (or within 24 hours) to your supervisor and the University Police and Safety Office (UP&SO)
- True False 5. In the event of a fire, Pull the Alarm, Evacuate the building and call 911?
- True False 6. The Hazard Communication standard requires your employer to inform you of potential hazards in your workplace.
- True False 7. Individual chemical containers must be labeled.
- True False 8. Material Safety Data Sheets (MSDSs) give you accurate and complete information on the handling of potentially hazardous materials.
- True False 9. Acute health hazards occur gradually over time.
- True False 10. The PEL and TLV are exposure limits for how much of a substance you can safely be exposed to and is measured over an 8-hour period.
- True False 11. Maintenance of Material Safety Data Sheets is not part of the NDSU Hazardous Communications Program.
- True False 12. The four ways chemicals can enter your body are absorption, ingestion, injection and inhalation.
- True False 13. It's alright to remove a container's label after you have read it.
- True False 14. Familiarize yourself with the first aid procedures for a material before an exposure occurs.
- True False 15. Accidental release of chemicals/materials can have a disastrous effect on people, property and the environment.
- True False 16. All chemical waste can be poured down the drain
- True False 17. Chemical Manufacturers are required to determine a chemical's hazards and provide labels and Material Safety Data Sheets
- True False 18. Seek immediate medical attention from NDSU's Designated Medical Provider if necessary

Signature: _____ Date: _____

Campus Mail: UP&SO, ANPC Building, NDSU Campus
U. S. Mail (off-campus departments) to: NDSU – UP&SO, Dept 3300, P O Box 6050, Fargo, ND 58108