

# Crenshaw Community Hospital Annual Skills Fair

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Dietary Staff:

By signing, the employee does attest that he/she has received and understands all of the below education/skills provided by Crenshaw Community Hospital.

Competency Skill	Verbal Explanation	Demonstration	Test	Meets Requirements	Comments	Educator
Cleaning Chemicals			Yes			
Body Mechanics			Yes			
COVID Prevention			Yes			
Infection Control – PPE & Isolation			Yes			
Handwashing			Yes			
HCAHPS - AIDET			Yes			
Risk Management			Yes			
Safety			Yes			
HIPAA			Yes			
Annual Certifications						
UTD						
Employee Health UTD						

\_\_\_\_\_

Employee Signature/Date

\_\_\_\_\_

Manager's Signature/Date