Type 1 Residential Care Facility
Attachment 1 - TB Tests and Trainings

For each Residential Care Facility staff, as defined by OAC 5122-30-03(A)(47), please fill in the boxes with the dates (day, month, and year).

Hire Date — Background investigations for Employment: OAC 5122-30-31
TB Test — Most Recent Trainings: OAC 5122-30-20

Please copy this form as needed. The Facility may submit a computer printout, if it contains all the required information.

	Staff Name	Date of Hire	BCI/FBI Check	Database Checks	Initial TB Test	CPR Training	First Aid (or Equivalent Training)	Fire and Other Disaster Procedures Trainings	Obtaining Medical and Psychiatric Assistance Training	Client Rights Training	Abuse and Neglect Training	Assistance with Self-Administration of Medication Training
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