

**Oak Ridge Office
Human Capital Assessment Group
ISMS Track 2 Self-Certification Form**

By my signature below, I certify that I have read and understand my ISMS responsibilities as described in the following ISMS training activities:

- | | |
|-------------|--|
| Activity 1 | Integrated Safety Management System (ISMS) |
| Activity 2 | Functions, Responsibilities, and Authorities Manual (FRAM) |
| Activity 3 | Issues Management |
| Activity 4 | Safety Planning |
| Activity 5 | Technical Competency |
| Activity 6 | Facility Representatives |
| Activity 7 | Federal Employee Occupational Safety and Health (FEOSH) |
| Activity 8 | Chronic Beryllium Disease Prevention Program (CBDPP) |
| Activity 9 | Work Authorization |
| Activity 10 | Contractor Oversight |
| Activity 11 | Safety Basis |
| Activity 12 | Work Smart Standards |
| Activity 13 | Enforcement Program |
| Activity 14 | DOE-ORO Quality Assurance Program (QAP) |
| Activity 15 | Safety System Oversight Program |
| Activity 16 | Environmental Management System |
| Activity 17 | Operating Experience Sharing/Lessons Learned |
| Activity 18 | Packaging and Transportation Safety |
| Activity 19 | Office of SCience Management System (SCMS) |

Employee Name (Please print)

Employee Signature

Date