

**Oak Ridge Office  
Training and Development 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 (FRA) Document
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)
Activity 20	Worker Safety and Health Program
Activity 21	Aviation Management and Safety Program

---

Employee Name (Please print)

---

Employee Signature

---

Date