

**Put On Your Oxygen Mask First  
Tracking/Completion Form**

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

Employee Department Number: \_\_\_\_\_

WORKSHOP ATTENDED

**Name**

OSU Pride  
University

Rising  
Star

Employee Signature

Date

Supervisor Signature

Date

HR Signature

Date

Action Plan Completed

Yes: \_\_\_\_\_

No: \_\_\_\_\_