

**DOCUMENTATION OF
ANNUAL BLOODBORNE PATHOGENS (BBP) TRAINING**

By my signature below, I acknowledge that I have received information and training regarding:

- Location of standards
- Epidemiology and transmission of bloodborne pathogens
- Methods for recognizing activities with exposure to bloodborne pathogens
- Explanation of methods to prevent or reduce exposure
- Engineering controls, work practice controls, protective equipment
- Hepatitis B vaccination
- Appropriate procedures for exposure incidents
- Labeling of hazardous waste
- Methods for disposal of medical waste
- Appropriate reporting procedure
- And had opportunity to participate in a question and answer session with instructor

The training session was conducted by: _____

Qualifications of individual conducting training session: _____

<u>PRINT NAME</u>	<u>JOB TITLE</u>	<u>SCHOOL</u>	<u>SIGNATURE</u>

These records shall be maintained for at least 3 years from training date and shall be made available upon request for examination and copying to employees, and employee representative.

_____ Trainer _____ Date

Adopted: August 26, 2002