

Bloodborne Pathogens Training Record

Date _____ Location _____

Instructor Denise Richmond, R.N.

Instructor qualifications School Nurse

This is to confirm that at the date, time, and location indicated above, I was adequately informed about each of the following matters pertaining to bloodborne pathogens and other potentially infectious materials:

1. _____ The OSHA regulations, a copy of which was provided
2. _____ Epidemiology and symptoms of blood borne disease
3. _____ Modes of transmission of bloodborne pathogens
4. _____ The district's exposure control plan, a copy of which is available to me
5. _____ The types of situations in which I could be exposed through performance of assigned duties
6. _____ The procedures and equipment that are to be used to reduce or eliminate the risk of exposure
7. _____ The safety, administration, and benefits of the Hepatitis B vaccine
8. _____ Procedures to be followed by me and by the district should I be exposed to a bloodborne pathogen or other potentially infectious material
9. _____ The post-exposure procedures for evaluation and follow-up

The instructor provided me the opportunity to ask questions and I received adequate answers to my questions.

Signature of Staff Member

Date

(Record to be filed in the building administrator's office.)