TRAINING RECORD

DATE _____ TIME _____ LOCATION _____

INSTRUCTOR SIGNATURE _____

INSTRUCTOR QUALIFICATIONS:

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 blood-borne pathogens and other potentially-infectious materials:

___ the OSHA regulations, a copy of which was provided

___ Epidemiology and symptoms of blood-borne diseases

___ modes of transmission of blood-borne pathogens

___ the District's exposure control plan. a copy of which I have been provided

___ the types of situations in which I could be exposed through performance of assigned duties

___ the procedures and equipment that are to be used to reduce or eliminate the risk of exposure

___ the safety, administration, and benefits of the Hepatitis B vaccine

___ procedures to be followed by me and by the District should I be exposed to a blood-borne pathogen or other potentially-infectious material

___ 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.

_____ _____
Employee Signature Date

_____
Job Title