***CHERRYFIELD SCHOOL DEPARTMENT***

***NEPN/NSBA CODE: GBGAA-E5***

**DOCUMENTATION OF ANNUAL BLOODBORNE PATHOGENS TRAINING**

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

* Location of standards
* Epedemiology 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 the disposal of medical waste
* Appropriate reporting procedures
* And had an opportunity to participate in a question and answer session with the instructor

The training session was conducted by:

Qualifications of individual conducting training session:

Name (Please Print)

Job Title:

Training Date:

Signature:

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, employee representatives.

DATE ADOPTED: January 13, 2015

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