

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 County'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 County 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