Department of Defense Education Activity

INITIAL / ANNUAL TRAINING OF EMPLOYEES WITH OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

My signature below indicates that I have received: (check one)

_____ INITIAL TRAINING

_____ ANNUAL TRAINNG

on the following date, _____, I received information and training regarding:

- Transmission of bloodborne pathogens
- Methods for recognizing activities with exposure including engineering controls, work practice controls, protective equipment
- Types, use, location, handling, decontamination, and disposal of protective equipment
- Hepatitis B vaccination and/or declination process
- Labeling of BioHazards
- Methods for the disposal of medical wastes

I have received an explanation of the OSHA standard 1910.1030 Pathogens Rule and my employer's Exposure Control Plan and have been informed as to how I may obtain a written copy of these.

The training session was conducted by: _____

Duty position of individual conducting training session: _____

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_____

Printed name and job title

_____

Signature

DoDEA Form 4805.1