

TRAINING RECORD

DATE _____ TIME _____ LOCATION _____

INSTRUCTOR _____

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.

Signature of Staff Member_____
Date