



P.O. Box 273
White Marsh, Md 2162
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DOCUMENTATION OF INITIAL EDUCATION

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

- * Transmission of blood borne pathogens
- * Methods of recognizing activities with exposure to blood borne pathogens
- * Explanation of methods to prevent or reduce exposure including engineering
- * Controls, work practice controls, protective equipment
- * Hepatitis B vaccination
- * Appropriate procedures for exposure incidents
- * Labeling of Bio Hazards
- * Methods for disposal of medical waste

I have received an explanation of the OSHA standard 1910.1030 Blood borne 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: _____

Qualifications of individual conducting training session:

Name

Job Title

Training Date

Signature

Employer Signature