

PINELLAS COUNTY SCHOOLS  
**INITIAL TRAINING CERTIFICATION**  
**BLOODBORNE PATHOGENS STANDARD**

**(Please Print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Last 4 of S.S. Number \_\_\_\_ \_

Address: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Worksite/Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Training Session Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location: \_\_\_\_\_

Trainer/Instructor: \_\_\_\_\_

I hereby acknowledge that I have received the following information and training in accordance with the requirements of the Bloodborne Pathogens Standard and Pinellas County Schools Exposure Control Plan:

- Epidemiology and symptoms of blood diseases
- Modes of transmission of bloodborne pathogens
- Methods of recognizing tasks which may involve exposure
- Use of methods to prevent or reduce exposure
- Proper use of personal protective equipment (PPE)
- Information on Hepatitis B vaccine as well as how and where to receive the vaccine series
- Actions to take in an exposure situation
- Exposure follow-up
- Labeling information
- Question and answer session with knowledgeable trainer

I understand my rights and responsibilities under this program.

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Original to Risk Management

Copy to Employee