

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