

PINELLAS COUNTY SCHOOLS  
**BLOODBORNE PATHOGENS PROGRAM**  
**ANNUAL AUDIT**

*(Please Print)*

\_\_\_\_\_  
School or Work Site \_\_\_\_\_  
Audit Date

Yes    No

—    —    All incidents of employee exposure to blood or other body fluids have been properly reported.

Comments: \_\_\_\_\_

—    —    All new and current employees who meet the criteria of occupational exposure, as defined by the Exposure Control Plan, have received training and have been offered the Hepatitis B Vaccine.

Comments: \_\_\_\_\_

—    —    All site "Identified Employees" have attended the annual refresher training as required by law.

Comments: \_\_\_\_\_

—    —    Engineering Controls (i.e. Sharps containers for needles) & Work Practice Controls (i.e. mandatory hand washing) have been reviewed. Spill clean up kits are kept "readily accessible."

Comments: \_\_\_\_\_

—    —    Universal Precautions are being followed by all site staff members in possible exposure situations.

Comments: \_\_\_\_\_

—    —    Personal Protective Equipment (i.e. gloves, masks, etc.) are being kept "readily accessible" in all areas where exposure to blood or other potentially infectious body fluids is likely.

Comments: \_\_\_\_\_

—    —    Food, beverages, or cosmetics, are not being stored, consumed, or used in first aid or clinic areas.

Comments: \_\_\_\_\_

—    —    Decontamination of surfaces is being done in a timely fashion and potentially infectious materials are being disposed of properly.

Comments: \_\_\_\_\_

—    —    The Exposure Control Program binder is kept where employees have access at any time during their work shift. Annual audit forms and training rosters have been inserted into the binder.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator or Designee