

# BLOOD-BORNE PATHOGENS TRAINING RECORD

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Hotel Name and Location

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Training Date

I have been trained and received information about the BLOODBORNE PATHOGENS program on this date. I do understand entire program and will follow them in full. I know where to find a copy of the standard if I wish to review it and who to contact for more information. Training is provided on the following and I have had the opportunity to ask questions for further clarification.

- Exposure control plan.
- Explanation of the exposures.
- Precautions to prevent contact with bodily fluids and sharps.
- Hand washing procedures.
- Availability and use of personal protective equipment.
- Gloves are provided and I will wear them.
- Disposal of contaminated sharps, all tools and special bags.
- The use of the label BIOHAZARD and red containers.
- Cleaning and decontamination of equipment.
- Hepatitis B vaccination, declination, and post-exposure procedures.
- Record keeping procedures for medical and training.

These topics were fully explained to me, I fully understand them and will follow the instruction accurately. I realize I can review these again anytime I wish by asking for more information.

I understand the hotel will provide additional training when there are changes that affect my exposures and at least once a year. I also authorize hotel to suspend my service if I can not attend the scheduled training until my training is completed.

Employee Name: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Trainer's Name \_\_\_\_\_ Signature: \_\_\_\_\_

Trainer's Title \_\_\_\_\_