

Sample Training Documentation Form

Name: _____

Job Title: _____

Employee Identification Number: _____

Employer/Facility: _____

Department: _____

Date of Employment: _____

Date of Initial Training: _____

Dates of Retraining/Initials: (Required annually and when there are changes in tasks or procedures.)

_____/_____/_____ _____/_____/_____

_____/_____/_____ _____/_____/_____

I have received training covering the following (please check the appropriate areas below):

- Epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of HIV and HBV pathogens.
- Preventative methods.
- Proper use of PPE
- Overview of the company Exposure Control Plan
- HBV vaccination procedures
- Recognizing tasks that may involve blood/OPIM
- OR-OSHA Safety and Health Standards

I further understand my responsibility and will comply with all company safety and health policies and rules as described in the Exposure Control Plan.

Trainer's name and qualifications: _____

Employee Signature: _____

Date: _____