**Date of training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer name and qualifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names and Job Titles of all employees attending this training:**

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| **Name** | **Job Title** | **Email Address** |
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**Agenda and/or Materials presented to participant included:**

* **Copy of text of the COMM/OSHA Standard:** [**www.osha.gov**](http://www.osha.gov)
* **General explanation of the epidemiology and symptoms of Bloodborne diseases.**
* **An explanation of the modes of transmission of Bloodborne pathogens.**
* **An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.**
* **An explanation of the use and limitations of methods that will prevent or reduce exposure: ie, work practices and personal protective equipment.**
* **Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.**
* **An explanation of the basis for selection of personal protective equipment.**
* **Information on the HBV vaccine, its efficacy, safety, method of administration, and benefits of vaccination.**
* **Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.**
* **An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.**
* **Information on the post-exposure evaluation and follow-up that is provided.**
* **An explanation of the signs, symbols, and color-coding of biohazards.**

**Signature of Training Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**