

# Bloodborne Pathogens Exposure Control Plan – Form 3: Training Checklist

Employee Name: \_\_\_\_\_ G Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Campus/Center and Department: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

Check a Yes or No box for each of the following:		Yes	No
A.	I have received an explanation of the epidemiology and symptoms of bloodborne diseases, e.g., HIV, HBV and HCV.		
B.	1. I have received an explanation of the College's BBP Exposure Control Plan.		
	2. I know where to find a copy of the College's BBP Exposure Control Plan (applies to student employees only).		
C.	I have received an explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.		
D.	I have received an explanation of the use and limitations of controls, work practices and equipment and know that what I do will prevent or reduce my exposure to blood or other potentiall infectious materials. Information I have received includes:		
	1. Engineering controls (sharps containers)		
	2. Work practices (thinking about potential exposures)		
	3. Personal Protective Equipment (PPE), e.g., gloves, gowns, masks, spill kits:		
	a. I know where to find appropriate PPE (e.g., gloves, masks, etc.) and spill kits in my department.		
	b. I know how to properly use, dispose of, handle and decontaminate PPE.		
	c. I know how to select PPE that is appropriate for the job, e.g., size or type of gloves.		
E.	I have received information about the Hepatitis B Virus vaccine. Information received includes:		
	1. Efficacy (how well it makes antibodies in my body)		
	2. Safety		
	3. Method of administration		
	4. Benefits of being vaccinated (how my immune system works)		
	5. Cost of the vaccine to me, i.e., free		

Check a Yes or No box for each of the following:		Yes	No
F.	I have been informed of the appropriate action to take in case an exposure involving blood or other potentially infectious materials should occur.  The name of the person that I should contact in case of such an emergency is:  Please print: _____		
G.	I have been informed about post-exposure follow-up and that the College is required to provide the follow-up for me should I become exposed.		
H.	I have been shown bloodborne pathogens signs and labels and have received information about the color coding requirements of the OR-OSHA Standard.		
I.	I have had an opportunity to ask questions and receive answers from the instructor conducting the training session.		

I, the above named employee, have received training on OR-OSHA's regulations regarding Bloodborne Pathogens, which covers the aforementioned topics:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_

**Note:** *If an employee does not understand or does not know the correct response to any of the above statements, or answers "no" to any of the statements, the manager/supervisor will instruct the employee on the correct response and make certain that the employee understands the correct response. The employee shall be instructed to change their response to "yes" and initial where they made changes.*