

Bloodborne Pathogen and Hazard Communication Training Acknowledgement Form

School/Department Name & Number:		School Ye	School Year:	
training and Basic Hazard (Communications training nedical Waste Plan is av	een furnished with Bloodborne Path g. I understand that the School/Dep railable for my review upon request. e requirements of the Plan.	artment's Hazard	
NAME (print)	SIGNATURE	EMPLOYEE ID #	DATE	
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Bloodborne Pathogens Awa provided by the BPS District	areness Training and Bact.	sted employees assigned to me have sic Hazard Communications training		
Site-based Administrator'			_	
	(p	rint)		
	(e	ignature)	(date)	
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