

HILL COUNTRY MEMORIAL HOSPITAL
BLOOD BORNE PATHOGENS EXPOSURE
HIV/AIDS AND HEAPTITIS B
TRAINING RECORD

Date: _____

Employee Name and Title (PLEASE PRINT) _____

Social Security Number: _____

Employee Signature: _____

Content:

- _____ OSHA Standards
- _____ Exposure Control Plan
- _____ Transmission of Blood-Borne Pathogens / Disease
- _____ Engineering / Workplace Controls
- _____ Personal Protective Equipment
- _____ Occupational Exposure
- _____ Signs, Labels, Color Coding
- _____ Hepatitis Vaccine

Name of Instructor: _____

Signature & Title of Instructor _____