SUNBELT CONTROLS

Appendix 11-C
First Responders Information Form

Name:		SSN:	
Division/Dept.:		Job Title:	

1. First Aid Certification

Expiration Date: _____

County/State of Issue: _____

2. Cardiopulmonary Resuscitation Certification

Certificate Number: _____

Expiration Date: _____

Agency Issuing Certificate: _____

3. Emergency Medical Technician Certification

Certification Number: _____

Certificate Date: _____

Expiration Date: _____

County/State of Issue: _____

As a volunteer First Responder, I understand that I may be exposed to blood or Bloodborne Pathogens during the course of providing immediate first aid assistance to others. I have received a copy of the Bloodborne Pathogen Exposure Control Program. I have had an opportunity to review the Exposure Control Program, and I am familiar with all provisions to reduce my risk of exposure to blood and Bloodborne Pathogens outlined in the Exposure Control Program.

I understand that my role as a First Responder is voluntary and that I will receive no monetary or other material compensation for my services as a First Responder. I understand that I may withdraw my consent to act as a designated First Responder at any time.

Signature:		Date:	