# Appendix 11-G
# Bloodborne Pathogen Training Certificate

| **Employee Name:** | | **Training Date:** | |
|---|---|---|---|
| **Department/Job Title:** | | | |
| **Length of Training:** | | **Instructor(s)/ Job Title:** | |
| ***I Certify that I was Informed About***: | | | |

1. the Bloodborne Pathogen Standard
2. the epidemiology and symptoms of bloodborne and other pathogens
3. the mode of transmission of bloodborne and other pathogens
4. ACCO Engineered Systems exposure control plan
5. a review of the use and limitations of methods that will prevent or reduce exposure; including:
   a. engineering controls
   b. work practice controls
   c. Personal Protective Equipment (PPE)
6. selection and use of Personal Protective Equipment (PPE) including; gloves, gowns and eye protection
7. visual warning of biohazards including; labels, signs and color-coded containers
8. information on the Hepatitis B Vaccine
9. the procedure to follow should an exposure incident occur
10. sharps (needles) disposal
11. hand-washing
12. proper work practices

*This is to certify that the employee named above has completed the preceding training regarding Bloodborne Pathogens*

**Employee Signature** **Date**

**Supervisor Signature** **Date**

**NOTE:** This record must be kept for at least three (3) years in the employee's personnel file and/or retain with the Safety Manager. This record must be made available upon request by County, State or Federal Environmental Health & Safety Inspectors.