

**THE SCHOOL BOARD OF BREVARD COUNTY
BLOODBORNE PATHOGENS PROGRAM
TRAINING ACKNOWLEDGEMENT FOR INDIVIDUAL TRAINING**

I certify that I have been furnished with Bloodborne Pathogens training. I understand that the School/department Exposure Control Plan is available for my review upon request. I acknowledge that it is my responsibility to comply with all of the requirements of the Plan.

School/Department: _____

Employee Name: _____

Social Security Number: _____

Employee Signature: _____

Training Date: _____

I/We certify that the above named employee has been provided with the Bloodborne Pathogens training consistent with the requirements of the school/department Exposure Control Plan.

School/Department Bloodborne Pathogens Contact Person:

_____ Date: _____

School/Department Administrator:

_____ Date: _____

Instructions: This form is to be used only when an individual is given the Bloodborne Pathogens training at a time that is different than that for the rest of the employees. This form would be used after a new hire or an employee returning from leave has been trained.

Please Retain Original Document and Submit a Copy to Plant Operations/Environmental Health
(Revised 9/02)