



# UNIVERSITY OF MINNESOTA

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## Bloodborne Pathogen and Other Infectious Agents Record of Training

*Please Print*

Name: \_\_\_\_\_

Department & Division: \_\_\_\_\_

Job Title: \_\_\_\_\_

Training Date: \_\_\_\_\_

Length of Training: \_\_\_\_\_

Instructor(s) & Job Title: \_\_\_\_\_

I was informed about:

- the Bloodborne Pathogen Standard;
- the epidemiology and symptoms of bloodborne and other pathogens;
- the mode of transmission of bloodborne and other pathogens;
- the University's exposure control plan;
- a review of the use and limitations of methods that will prevent or reduce exposure, including
  - engineering controls,
  - work practice controls, and
  - personal protective equipment;
- selection and use of personal protective equipment including gloves, gowns and eye protection;
- visual warning of biohazards including labels, signs and color-coded containers;
- information on Hepatitis B Vaccine; and
- the procedure to follow if an exposure incident occurs.

If one has had the initial bloodborne pathogen training, then the above noted materials may not be covered in full. Specific areas such as sharps disposal, handwashing and proper work practices will be covered.

This is to certify that the employee/student named above has completed the above training.

\_\_\_\_\_  
Employee's or Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's or Advisor's Signature

\_\_\_\_\_  
Date

Keep this record for at least three years. Store in Department Office with other training records. This record must be made available upon request by County, State, Federal or University of Minnesota Environmental Health and Safety Inspectors.

Questions: Call the Biosafety Officer at (612) 626-6002.