



## Bloodborne Pathogen and Hazard Communication Training Acknowledgement Form

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School/Department Name & Number: \_\_\_\_\_ School Year: \_\_\_\_\_

I (employee of this school/site) certify that I have been furnished with Bloodborne Pathogens Awareness training and Basic Hazard Communications training. I understand that the School/Department Hazard Exposure Control and Biomedical Waste