



Biomedical Waste Training Acknowledgement Form

School/Department Name & Number: _____ **School Year:** _____

As a site-based employee assigned the duty/task of cleaning the building and building fixtures occasionally impacted with bodily fluids and blood, I (employee of this school/site) certify that I have been furnished with Biomedical Waste Handling training. I understand that the School/Department Hazard Exposure Control and Biomedical Waste 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.

NAME (print)	SIGNATURE	EMPLOYEE ID #	DATE

I (site-based administrator) certify that the above listed employees assigned to me have received the Biomedical Waste training information provided by the BPS District.

Site-based Administrator's Name: _____
(print)

_____ (signature) (date)

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