



**STAMBUSH** Record of Attendance: Occupational  
**STAFFING** Exposure of Bloodborne Pathogens

Employee: \_\_\_\_\_ SS# (last 4 digits): \_\_\_\_\_

Instructions: Upon completion of this program, please place a check or your initials beside the material that was covered during this presentation.

1. Identification of "Potentially Infectious" body fluids \_\_\_\_\_
2. Identification of the modes of transmission for Bloodborne pathogens \_\_\_\_\_
3. The use of Universal Precautions \_\_\_\_\_
4. Work practice controls to minimize exposure \_\_\_\_\_
5. The use of personal protective equipment \_\_\_\_\_
6. Hepatitis B Vaccination \_\_\_\_\_
7. Follow-up exposure contamination incidents \_\_\_\_\_

I understand that I may request a copy of OSHA regulations and/or a copy of my facility's Exposure Control Plan at any time.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE