

# Verification of Bloodborne Pathogens Training

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

Location: \_\_\_\_\_

I acknowledge I have received training in Bloodborne Pathogens on the above date, and I do understand how to protect myself and others by using proper procedures for Universal Precautions proper disposal techniques. This information was presented to me either in person or by video. I was given an opportunity to ask questions and/or understand where to obtain additional information if necessary.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

BSUID#: \_\_\_\_\_

School/Department: \_\_\_\_\_