ARIZONA STATE UNIVERSITY
ENVIRONMENTAL HEALTH & SAFETY

BLOODBORNE PATHOGEN STANDARD TRAINING RECORD

Pursuant to 29 CFR § 1910.1030(h)(2)(i)

Date:_____Time:_____ Location:

Trainer Name, Title, and Qualifications:

NAME Please print all information	**JOB TITLE** Arizona Universities Personnel System Classification	**DEPARTMENT**

Summary of training session; trainer to check categories presented.

- Copy of standard available and explanation of contents
- Epidemiology and symptoms
- Modes of transmission
- Exposure Control Plan and written copies
- Exposure determination and methods to reduce exposure
- Engineering controls, work practices, personal protective equipment
- Hepatitis B vaccine
- Exposure incident procedures
- Post exposure evaluation/follow-up
- Signs/labels
- Questions/answers
- HIV Laboratory Specialized Training (for ASU Research HIV Laboratories only)