

OSHA/Bloodborne Pathogens Training Acknowledgement for At Risk Employees

Initial each statement indicating that you agree:

_____ I have viewed the Universal Precautions/Bloodborne Pathogens Training slideshow on KCS website during working hours.

_____ I have been given the opportunity for a question and answer session with the School Nurse trainer.

_____ I have reviewed the Exposure Control Plan with the trainer and been made aware that it is available on KCS website.

_____ I understand Universal Precautions.

_____ I understand when to wear PPE and where these are.

_____ I understand the Post Exposure procedure. I am to immediately notify my Supervisor following any potential BBP exposure.

_____ I understand that I am classified as an "at risk" employee and I will be offered the hepatitis B vaccine (sign consent or declination form for hepatitis B). I have received Vaccine Information Sheet for Hepatitis B vaccine.

_____ If hepatitis B vaccine is given after hired, one to two months after completing the hepatitis B vaccine-3 dose series, an antibody test will be performed.

Employee Name _____ Job Title/Dept _____

Employee Signature _____

Date _____ Payroll ID # _____

School Name _____

Trainer Name _____ Trainer signature _____

Return completed form to Human Resources-Kannapolis City Schools Central Office