

Ventura County Community College District

BLOODBORNE PATHOGEN TRAINING

Date training began: _____

Department: _____ Classification: _____

Trainee: _____

Trainee Signature: _____

Supervisor: _____

Topics of Training	Date	Employee Initials	Trainer Initials
General Explanation			
Modes of Transmission			
Exposure Control Plan			
Recognizing Exposure Tasks			
Waste Disposal/Required signs/labels			
Reducing Exposures			
Personal Protective Equipment - Use			
Personal Protective Equipment – selection			
Understanding Hepatitis B			
Exposures from an Emergency Situation			
Post Exposure Evaluation			
Recordkeeping			

Trainer: _____

Title: _____

Trainer's Signature: _____

Date Training Completed: _____