**EMPLOYEE EDUCATION & TRAINING RECORD**

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIAL TRAINING**

| **SUBJECT** | **DATE** | **LOCATION** | **TRAINER** | **EMPLOYEE SIGNATURE** |
| --- | --- | --- | --- | --- |
| a. The Standard |  |  |  |  |
| b. Epidemiology and Symptoms of Bloodborne Diseases |  |  |  |  |
| c. Modes of Transmission |  |  |  |  |
| d. Exposure Control Plan |  |  |  |  |
| e. Recognizing Potential Exposure |  |  |  |  |
| f. Use and Limitations of Exposure Control Methods |  |  |  |  |
| g. Personal Protective Equipment (PPE) |  |  |  |  |
| h. Selection of PPE |  |  |  |  |
| i. HBV Immunization Program |  |  |  |  |
| j. Emergencies involving Blood or Potentially Infectious Materials |  |  |  |  |
| k. Exposure Follow-up Procedures |  |  |  |  |
| l. Post Exposure Evaluation and Follow-up |  |  |  |  |
| m. Signs and Labels |  |  |  |  |
| n. Opportunity to Ask Questions |  |  |  |  |

**ADDITIONAL EDUCATION**

| **SUBJECT** | **DATE** | **LOCATION** | **TRAINER** | **EMPLOYEE SIGNATURE** |
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**ANNUAL RETRAINING**

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| **SUBJECT** | **DATE** | **LOCATION** | **TRAINER** | **EMPLOYEE SIGNATURE** |
|  |  |  |  |  |