

Byron Area Schools

312 W. Maple Avenue
Byron, Michigan 48418

OCCUPATIONAL EXPOSURE TO BLOOD-BORNE PATHOGENS ACKNOWLEDGEMENT OF TRAINING FORM

Directions: Please complete and sign form and return to the person conducting your training.

NAME OF ATTENDEE: _____
Last First Middle Initial

PRESENT ASSIGNMENT: _____
Job Title

PRESENT LOCATION: _____
Building

SOCIAL SECURITY NUMBER: _____

DATE OF TRAINING SESSION: _____

NAME OF PERSON CONDUCTING TRAINING SESSION: _____

Signature of Attendee

NOTE: Employee's training record shall be maintained for three (3) years from the date on which the training occurred pursuant to 29 CFS1910.1030; Occupational Exposure to Blood-borne Pathogens, Final Rule.