

BBP Training & Quiz Verification 2019-2020

Complete, print, and return to School Secretary

Name (print) _____

School/work site: _____

Position: _____

(Be Specific: example: Teacher-5th grade, TA- 1 grade, etc.)

Check all that apply:

Athletic Trainer

Coach

Custodian

Special Education Teacher

Special Ed. Teacher Assistant

Bus Driver of students requiring invasive medical procedures and/or regularly work with those likely to be aggressive, causing harm (such as biting) to self or others.

First Responder/CPR Trained

Physical Education Teacher

Pre-K Teacher

Pre-K Teacher Assistant

School Administrator Responsible for discipline

School Nurse

Secretary – responsible for first aid

My signature below assures that I:

1. Have completed the BBP training material and BBP quiz
2. Will receive answers to any incorrect responses on the BBP quiz
3. Will contact the Bloodborne Pathogens Coordinator, my supervisor, school nurse, or school administrator if I need assistance in the area of bloodborne pathogens or to obtain personal protection items
4. Will complete a Bloodborne Pathogens Exposure Report Form if I come in direct contact with blood or other potentially infectious materials
5. Will notify the School Nurse or BBP Coordinator if my position changes, placing me in an “at risk” job category for exposure to BBP.
6. School nurse is available by cell phone for questions regarding this training at any time during school day

Signature: _____ Date: _____