



# University of Minnesota Duluth

## Bloodborne Pathogens and Other Infectious Agents

### Record of Training

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Department & Division:** \_\_\_\_\_

**Training Date:** \_\_\_\_\_ **Length of Training:** \_\_\_\_\_

#### I was informed about:

- the Bloodborne Pathogen Standard,
- the epidemiology and symptoms of bloodborne and other pathogens,
- the University's exposure plan,
- a review of the use and limitations of methods that will prevent or reduce exposure, including
  - engineering controls,
  - work practice controls, and
  - personal protective equipment;
- Selection and use of personal protective equipment including gloves, gowns and eye protection;
- visual warning of biohazards including labels, signs and color-coded containers;
- information on Hepatitis B Vaccine and
- the procedure if an exposure incident occurs.

I had the opportunity to direct specific questions to the UMD Environmental Health and Safety Office staff.

This is to certify that the employee/student named above has completed the above training.

\_\_\_\_\_  
Employee or student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's or Advisor's Signature

\_\_\_\_\_  
Date

Keep this record for at least three years beyond the termination date of the employee. Store in Department Head Office with OSHA Laboratory Safety Standard – Chemical Hygiene Plan (BA-725A) or MERTKA (BA-725) training records. This record must be made available upon request by County, State, Federal or University of Minnesota Environmental Health and Safety Staff.

Questions: Refer to the biosafety page URL: <http://www.d.umn.edu/ehso/biosafety> or call EHSO at 726-7273.