

Policy Name: Bloodborne Pathogen (Potentially Infectious Material) Program Manual		
Effective Date:	Revision Date: 11/1/2016	Department/Area/Division: AD-EHS
Department/ Area Policy #:	Departmental Contact:	

**Attachment F
 Documentation of Participation in Training Program
 Bloodborne Pathogens Training Program**

**On _____, I attended University-provided training in
 Bloodborne Pathogens.**

 Supervisor or Trainer Signature

 Employee/Student Signature