

# BLOODBORNE PATHOGENS TRAINING ATTENDANCE SHEET

KEEP ON FILE FOR 3 YEARS

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<b>SCHOOL:</b>			<b>CFN:</b>		
<b>SESA:</b>		<b>DATE:</b>		<b>TIME:</b>	
EMPLOYEE NAME (PRINT ALL INFORMATION)	TITLE	REFERENCE ID #	DO YOU WANT THE HEP B VACCINE?		EMPLOYEE SIGNATURE
1.			YES	NO	
2.			YES	NO	
3.			YES	NO	
4.			YES	NO	
5.			YES	NO	
6.			YES	NO	
7.			YES	NO	
8.			YES	NO	
9.			YES	NO	
10.			YES	NO	
11.			YES	NO	
12.			YES	NO	
13.			YES	NO	
14.			YES	NO	
15.			YES	NO	
16.			YES	NO	
17.			YES	NO	
18.			YES	NO	
19.			YES	NO	
20.			YES	NO	
21.			YES	NO	
22.			YES	NO	
23.			YES	NO	
24.			YES	NO	
25.			YES	NO	
<i>I certify that the above information is true and correct to the best of my knowledge.</i>					
<b>SESA's NAME:</b>			<b>SESA's SIGNATURE:</b>		
<b>NOTE TO SESAS:</b>	<ul style="list-style-type: none"> <li>You should be present during the training session to take employees' questions.</li> <li>Employees must be trained and their training status manually updated in BBPCT by close of business Nov. 5<sup>th</sup> 2013.</li> <li>Retain this attendance sheet for your records.</li> </ul>				