BLOODBORNE PATHOGENS TRAINING ROSTER

Date:	**Department:**
Trainer Name:	**Title:**
Qualifications: ***UNCG BBP Train-the-Trainer attended on ___/___/___***	
__Copy and permanent location of Exposure Control Plan and regulatory text (UNCG Safety & Health Manual, Section 0050) **__Epidemiology and symptoms of HIV, HBV, and their modes of transmission** **__Explanation of the Exposure Control Plan**	**__Use and limitations of control methods (universal precautions, etc.)** **__Information on Personal Protective Equipment** **__Acceptance or declination forms completed** **__Explanation of Post Exposure Procedures** **__Opportunity for interactive questions and answers**

Print Employee	Employee ID #	Job Title	Hire Date	Signature