

Exposure Control

# Statement of Verification of Previous Bloodborne Pathogen Training

**PURPOSE**

Verification and documentation of employee's bloodborne pathogens training within the past twelve months.

**APPLICATION**

Use this form to document that the employee has received bloodborne pathogens training within one year of their last previous training and within the past 12 months. It should be completed and signed by all employees at the time of initial hire and prior to their assignment to tasks where occupational exposure to bloodborne pathogens might occur.

**AUTHORITY AND RECORD  
RETENTION**

This form must be maintained as a part of your training records for 3 years from the date of initial employment.

**EMPLOYEE NAME**

**JOB CATEGORY**

**DATE OF  
ASSIGNMENT**

The Bloodborne Pathogens Standard requires employees with occupational exposure to blood, blood products or other potentially infectious materials to receive bloodborne pathogens training at the time of initial assignment and at least annually thereafter.  
*WAC 296-823-12005 Washington - CFR 1910.1030 Oregon*

Date of Last BBP training	Training provided by (Practice name)	Practice telephone number (IF KNOWN)

**SIGN AND DATE HERE IF YOU HAVE HAD BBP TRAINING WITHIN PAST 12 MONTHS**

**I hereby attest to having received Bloodborne Pathogens training within the past twelve (12) months and within one year of my previous bloodborne Pathogens training**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**SIGN AND DATE HERE IF YOU HAVE NOT HAD BBP TRAINING WITHIN PAST 12 MONTHS**

**I have not received Bloodborne Pathogens training within the past twelve (12) months or within one year of my previous bloodborne Pathogens training**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE