

**PLYMOUTH COMMUNITY SCHOOL CORPORATION
UNIVERSAL PRECAUTIONS TRAINING RECORD**

Name _____ Building _____
Date _____ Time _____ Location of training _____

This is to confirm that at the date, time, and location indicated above, I was adequately informed about each of the following matters pertaining to blood-borne pathogens and other potentially-infectious materials:

- _____ Exposure Control Plan in accordance with OSHA standards on occupational exposure to bloodborne pathogens of the Plymouth Community School Corporation
- _____ Epidemiology and symptoms of blood-borne pathogens
- _____ modes of transmission of blood-borne pathogens
- _____ the types of job classifications in which I could be exposed through assigned duties
- _____ the procedures and equipment that are to be used to reduce or eliminate the risk of exposure
- _____ the safety, administration, and benefits of the Hepatitis B vaccine
- _____ procedures to be followed by me and by the Corporation should I be exposed to a blood-borne pathogen or other potentially-infectious material
- _____ the post-exposure procedures for evaluation and follow-up
- _____ I viewed the blood-borne pathogen video tape
- _____ I have received information regarding the Hepatitis B Vaccine series which will be offered to me free of charge.

HEPATITIS B VACCINE STATUS

Check one:

I have completed the Hepatitis B Vaccine series _____

I wish to receive the Hepatitis B Vaccine _____

I do not wish to receive the Hepatitis B Vaccine * _____ (Hepatitis B Declination form must be signed.)

I need more information about the Hepatitis B Vaccine _____

The instructor provided me the opportunity to ask questions and I received adequate answers to my questions.

Signature of Employee _____ SS # _____

Signature of Trainer _____ Title _____