



SERVICE CHIEF: _____

ATTENTION!

You have an employee who has been placed in A COVERED POSITION per the OSHA Bloodborne Pathogen Standard.

EMPLOYEE NAME: _____

Job Title: _____

Occupational Series: _____ WOC _____

Service: _____ Research _____

EOD into this position: _____

Supervisor's Name: _____

This employee is now in a "covered" position under OSHA's Bloodborne Pathogen Standard. Please be sure that his/her Bloodborne Pathogen/Hepatitis B training:

- was provided as required
- was properly documented in Service Records
- is refreshed annually
- documentation is available for review by OSHA, JCAHO, etc.
- documentation is retained for 3 years, even if the employee changes positions or leaves the facility.

SERVICE CHIEF COPY



EMPLOYEE NAME: _____

JOB TITLE: _____

OCCUPATIONAL SERIES: WOC

SERVICE: RESEARCH

EOD IN THIS POSITION: _____

SUPERVISOR'S NAME: _____

EMPLOYEE: For my own safety and that of our patients, I understand that I must follow Body Substance Isolation procedures to prevent contact with blood or other potentially infectious materials.

Employee Signature

Date

GIVE THIS FORM TO YOUR SUPERVISOR IMMEDIATELY ON RETURN TO YOUR WORKSITE

SUPERVISOR: This employee is COVERED under the Bloodborne Pathogens (BBP) Standard

BEFORE THE EMPLOYEE IS ASSIGNED ANY WORK TASKS WITH POTENTIAL FOR EXPOSURE TO BLOODBORNE PATHOGENS:

1. The employee MUST complete the required Bloodborne Pathogens/Hepatitis B training module under the guidance of a Certified Instructor.
2. The employee MUST receive job site specific training on safe work practices, the use of personal protective equipment and engineering controls, how to clean the work area and equipment, what to do if exposed, and where to find the Exposure Control Plan and BBP Standard.
3. The employee MUST complete the Hepatitis B option sheet and send it to Employee Health (S-11EH).

Supervisor Signature

Date

Extension

SUPERVISOR and SERVICE LINE COPY



RON KAPLAN (S-11EH)

The following employee is now in a COVERED POSITION per the OSHA Bloodborne Pathogen Standard.

EMPLOYEE NAME: _____

Job Title: _____

Occupational Series: _____ WOC _____

Service: _____ Research _____

EOD into this position: _____

Supervisor's Name: _____

EMPLOYEE HEALTH COPY