Appendix B-4, Section 0050

THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
BLOODBORNE PATHOGENS TRAINING

Date: _____ Department: _____

Trainer: _____ 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 Name	Employee ID #	Job Title	Hire Date	Signature

Route Copies to: Office of Safety, Department Training File