

2019-2020 Bloodborne Pathogen Training Acknowledgement

Fairbanks North Star Borough School District

Directions:

- **Print this form.**
- **Initial each statement.**
- **Print your name and F Number (be sure this this legible)**
- **Sign and date the form.**
- **Then send this form to training@k12northstar.org.**

Bloodborne Pathogen Training Acknowledgement

Initial each statement indicating that you agree.

_____ I have viewed the FNSBSD **Bloodborne Pathogens Training Video**.

_____ I know how to access a copy of the [FNSBSD Exposure Control Plan](#).

BBP Exposure Control Plan Link: <http://bit.ly/2WaY5d1>

_____ I have received information on the epidemiology, symptoms, and transmission of BBP diseases.

_____ I understand that all body fluids should be considered as potentially contaminated and I should protect myself by using the appropriate PPE.

_____ I understand how to handle contaminated materials and how to have areas that have been contaminated cleaned.

_____ I understand that I must immediately notify the building principal of a potential exposure incident and complete required documentation of the incident.

_____ I understand that if I have additional questions regarding bloodborne pathogens, I should contact Lori Schneider, Director of Nursing Services at 452-2000 X 11253.

Name: _____

F Number: _____

Signature: _____

Date: _____