

EMPLOYEE IN-SERVICE/EDUCATIONAL ATTENDANCE RECORD

Employee Name: _____ Date of Hire: _____

Position: _____ Social Security No.: _____

Date	Duration (Hrs)	Topic	Instructor (Name and Title)

Signature/Title of Person Completing Form: _____ Date: _____

**When recording OSHA Bloodborne Pathogens training:
Use the checklist below to indicate the topics covered during that training session.**

- | | | |
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| <input type="checkbox"/> Explanation of regs
<input type="checkbox"/> Epidemiology & symptoms
<input type="checkbox"/> Modes of transmission
<input type="checkbox"/> Exposure control plan | <input type="checkbox"/> Recognizing tasks/activities that pose risk
<input type="checkbox"/> Exposure prevention/reduction methods
<input type="checkbox"/> Personal protective equipment (PPE)
<input type="checkbox"/> Hepatitis B vaccine | <input type="checkbox"/> Reporting/responding to exposure occurrences
<input type="checkbox"/> Employer post-exposure evaluation & follow-up responsibilities
<input type="checkbox"/> Signs, labels and/or color coding |
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