

YEAR: _____

BLOODBORNE PATHOGEN TRAINING RECORD

<i>EMPLOYEE INFORMATION</i>			<i>TRAINING INFORMATION</i>			
NAME	START DATE	END DATE	DATE	ON LINE	WHO ISSUED THE CERTIFICATE <small>(i.e. Red Cross, etc.)</small>	CERT ATTACHED
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N
				Y	Name: _____	Y
				N	Location: _____	N