

# BLOODBORNE PATHOGENS TRAINING ATTENDANCE SHEET

KEEP ON FILE FOR 3 YEARS

<b>SCHOOL:</b>		<b>CFN:</b>	
<b>SESA:</b>		<b>DATE:</b>	<b>TIME:</b>
EMPLOYEE NAME	TITLE	REFERENCE ID #	EMPLOYEE SIGNATURE
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I certify that the above information is true and correct to the best of my knowledge.			
<b>SESA's NAME</b>		<b>SESA's SIGNATURE</b>	
<b>NOTE TO SESAS:</b>	<ul style="list-style-type: none"> <li>You should be present during the training session to take employees' questions.</li> <li>Update training status of at-risk employees in the Bloodborne Pathogens Compliance Tool.</li> <li>Fax signed copy to the Office of Occupational Safety and Health at 718-935-4682.</li> </ul>		

