



**2017 Bloodborne Pathogen Program and  
Biomedical Waste Training  
Compliance**



**Receipt Acknowledgement and Training Coordinator Designation**

- I have received the 2017 Bloodborne Pathogen Program and Biomedical Waste Training notification. I understand that this program is intended to ensure that those in my department are protected from the risk of exposure to bloodborne pathogens. We will begin distribution of program materials to the appropriate faculty, principal investigators, and supervisors in my department as soon as possible.
- I have received the 2017 Bloodborne Pathogen and Biomedical Waste Training notification. There are no members of this department who are at risk of exposure to bloodborne pathogens. Therefore, we will not participate in this program at this time.

**Department Chair or Director:**

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
email

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Campus Box Number or address if off campus

Date: \_\_\_\_\_

**The 2017 Bloodborne Pathogen Program training coordinator(s) for this department is(are):**

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title

\_\_\_\_\_  
email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus Box Number or address if off campus

(Use other side for additional trainers, if necessary.)

Return by February 3, 2017 to: **Fax #352 392-3647, email [bso@ehs.ufl.edu](mailto:bso@ehs.ufl.edu) or**  
Biological Safety Office  
Box 112190  
Gainesville, FL 32611

Email questions to: [bso@ehs.ufl.edu](mailto:bso@ehs.ufl.edu)

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Notice of Training Coordinator – **Page 2**

Department \_\_\_\_\_ Box \_\_\_\_\_

The following person(s) will serve as the 2017 Bloodborne Pathogen Program training coordinator(s) for this department:

\_\_\_\_\_  
Name (print) Telephone

\_\_\_\_\_  
Title Box

\_\_\_\_\_  
Signature email

\_\_\_\_\_  
Name (print) Telephone

\_\_\_\_\_  
Title Box

\_\_\_\_\_  
Signature email

\_\_\_\_\_  
Name (print) Telephone

\_\_\_\_\_  
Title Box

\_\_\_\_\_  
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