



**2018 Bloodborne Pathogen Program and
Biomedical Waste Training
Compliance**



Receipt Acknowledgement and Training Coordinator Designation

- I have received the 2018 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 2018 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 2018 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 23, 2018 to: **Fax #352 392-3647, email bso@ehs.ufl.edu or**
Biological Safety Office
Box 112190
Gainesville, FL 32611

Email questions to: bso@ehs.ufl.edu

2018 Bloodborne Pathogen Program and Biomedical Waste Training Compliance

Notice of Training Coordinator – **Page 2**

Department _____ Box _____

The following person(s) will serve as the 2018 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

Signature Email

Return this by February 23, 2018 to: **Fax #352 392-3647, email: bso@ehs.ufl.edu**

OR

Biological Safety Officer

Box 112190

Gainesville, FL 32611

Email questions to: bso@ehs.ufl.edu