2012 Bloodborne Pathogen and Biomedical Waste Training
(Fillable form available here: http://www.ehs.ufl.edu/bio/BBP/List.doc)
LIST of Individuals Trained

Trainer: _____ Department:_____

Name (PRINT or TYPE)	UF ID #	BBP Date Trained	BioWaste Date Trained	Employee Title

Photocopy as needed or use the fillable on-line version: http://www.ehs.ufl.edu/bio/BBP/ List.doc Return the completed form to: BSO@ehs.ufl.edu

_____ _____
Chair/Director Signature Date