



## 2019 Bloodborne Pathogen Program and Biomedical Waste Training Compliance



### Receipt Acknowledgement and Training Coordinator Designation

- I have received the 2019 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 2019 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 2019 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 22, 2019. Preferred method: attach and send via email to: [bso@ehs.ufl.edu](mailto:bso@ehs.ufl.edu)**

Form may be faxed or mailed if needed to: Fax #352 392-3647, Biological Safety Office  
Box 112190

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

Gainesville, FL 32611

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**Notice of Training Coordinator – Page 2**

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

The following person(s) will serve as the 2019 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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