



**2021 Bloodborne Pathogen Program
and Biomedical Waste Training
Compliance**



Receipt Acknowledgement and Training Coordinator Designation

- I have received the 2021 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 2021 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 2021 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 next page for additional trainers, if necessary.)

Return within two weeks. Preferred method: attach and send via email to: bs@ehs.ufl.edu

Form may be faxed or mailed if needed to: Fax #352 392-3647, Biological Safety Office
Box 112190
Gainesville, FL 32611

Email questions to: bs@ehs.ufl.edu

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Notice of Training Coordinator – **Page 2**

Department _____ Box _____

The following person(s) will serve as the 2021 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

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