

**New Jersey Department of Health
PEOSH Unit**

EMPLOYEE EDUCATION AND TRAINING RECORD

Name of Employee (Print)	Date of Hire
Job Title	Date Assigned

INITIAL TRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE
a. The Standard				
b. Epidemiology and Symptoms of Bloodborne Diseases				
c. Modes of Transmission				
d. Exposure Control Plan				
e. Recognizing Potential Exposure				
f. Use and Limitations of Exposure Control Methods				
g. Personal Protective Equipment (PPE)				
h. Selection of PPE				
i. HBV Immunization Program				
j. Emergencies Involving Blood or Potentially Infectious Materials				
k. Exposure Follow-up Procedures				
l. Post Exposure Evaluation and Follow-up				
m. Signs and Labels				
n. Opportunity to Ask Questions				

ADDITIONAL TRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE

ANNUAL RETRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMPLOYEE SIGNATURE