Blood Borne Pathogens Video Acknowledgement Form

I have watched the Blood Borne Pathogens Video. I have also taken the pre test and post test. I acknowledge the importance of using universal precautions and will implement these precautions in my classroom environment.

| Employee's Signature | |
|--------------------------|--|
| | |
| Employee's Name(Print) | |
| Date | |

To Be Placed In Employee's Personnel File