**Occupational Exposure to Bloodborne Pathogens Resources**

**Chapter 296-823 WAC**

**Helpful Tools**

**Training Documentation Form**

| Facility Name: | Click or tap here to enter text. |
| --- | --- |
| Training subject or title: | Click or tap here to enter text. |
| Training dates: | Click or tap here to enter text. |
| Contents or summary of the training session: | Click or tap here to enter text. |

**Employees Who Completed This Training**

| **Name** | | **Job Title** |
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| Trainer(s): | Click or tap here to enter text. | |
| Qualifications: | Click or tap here to enter text. | |

Note: Training records must be maintained for 3 years after the date of the training