

## OSHA Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

### **Bloodborne Pathogen Standard 1910.1030**

I have been told the location and have access to the Exposure Control Plan \_\_\_\_\_

I have been instructed on HIV post-exposure protocol. \_\_\_\_\_

I have been instructed on proper needle recapping, if necessary. \_\_\_\_\_

I have been shown the OSHA poster 2203. \_\_\_\_\_

I have been offered the Hep. B vaccination series. \_\_\_\_\_

Dates First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Signed declination \_\_\_\_\_

Provided proof to my employer of previous vaccination status \_\_\_\_\_

### **Hazard Communication Standard 1910.1200**

I have been shown the location of the eyewash station, and instructed on its use.

I have been told the location of the written hazard communication program. \_\_\_\_\_

I have been instructed on how to read a MSDS. \_\_\_\_\_

I have been instructed on the basic use of a fire extinguisher. \_\_\_\_\_

I know where, the evacuation plan is and what to do in case of an emergency. \_\_\_\_\_

### **Access to Medical and Exposure Records 1910.20**

I acknowledge that my records are available to me upon my request. \_\_\_\_\_

### **Personal Protective Equipment Standard 1910, April 6, 1994**

I have been trained how to select, put on, and dispose of all PPE associated with my job description. \_\_\_\_\_

I verify that I have received the above training and understand the information prior to being placed in a position where occupational exposures occur.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Signature