

## Outside Vendor Release

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From:

It has come to our attention that during your work at our office there is a potential for an occupational exposure to a Bloodborne Pathogen. In addition all of your employees must understand that, sharps containers and all red bag material must be disposed of by a licensed medical waste transporter, and is not to be removed by your employees under any circumstances.

Therefore we must request that you comply with OSHA's Bloodborne Pathogen Standard, CFR 1910.1030. All of your employees must be trained in accordance with the standard.

No employees will be allowed to work in our office unless these requirements are met.

\_\_\_\_\_  
Vendor signature

\_\_\_\_\_  
Doctor / Employer