

# Independent Contractor Agreement

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

I, Dr. \_\_\_\_\_, rent, lease, and or act as a

independent contractor for Dr. \_\_\_\_\_.

I have been fully trained in the below topics, and I verify that, as of today, all employees of mine are also trained on the OSHA standards that apply to us. I further acknowledge that neither myself or my staff will not hold

Dr. \_\_\_\_\_ located  
at

\_\_\_\_\_

responsible for violations of these OSHA standards.

- Purpose and requirements, including explanation of OSHA's Bloodborne Pathogen Standard, including universal precautions.
- A comprehensive explanation of the written exposure control plan.
- Hepatitis B Vaccine, employees rights and responsibilities.
- Purpose and requirements, including explanation of OSHA's written Hazard Communication Standard.
- Procedures for reviewing, updating MSDS, including an explanation of how the labeling system works.

I have read the above terms of the contract and understand its intent.

\_\_\_\_\_  
Independent Contractor  
Employer

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