

**New Jersey Department of Health  
PEOSH Unit**

**EMPLOYEE EDUCATION AND TRAINING RECORD**

|                          |               |
|--------------------------|---------------|
| Name of Employee (Print) | Date of Hire  |
| Job Title                | Date Assigned |

**INITIAL TRAINING**

| SUBJECT  | DATE | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
|--|------|----------|---------|--------------------|
| a. The Standard  |      |          |         |                    |
| b. Epidemiology and Symptoms of Bloodborne Diseases                |      |          |         |                    |
| c. Modes of Transmission   |      |          |         |                    |
| d. Exposure Control Plan   |      |          |         |                    |
| e. Recognizing Potential Exposure                                  |      |          |         |                    |
| f. Use and Limitations of Exposure Control Methods                 |      |          |         |                    |
| g. Personal Protective Equipment (PPE)                             |      |          |         |                    |
| h. Selection of PPE  |      |          |         |                    |
| i. HBV Immunization Program  |      |          |         |                    |
| j. Emergencies Involving Blood or Potentially Infectious Materials |      |          |         |                    |
| k. Exposure Follow-up Procedures                                   |      |          |         |                    |
| l. Post Exposure Evaluation and Follow-up                          |      |          |         |                    |
| m. Signs and Labels  |      |          |         |                    |
| n. Opportunity to Ask Questions                                    |      |          |         |                    |

**ADDITIONAL TRAINING**

| SUBJECT | DATE | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
|---------|------|----------|---------|--------------------|
|         |      |          |         |                    |
|         |      |          |         |                    |

**ANNUAL RETRAINING**

| SUBJECT | DATE | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
|---------|------|----------|---------|--------------------|
|         |      |          |         |                    |
|         |      |          |         |                    |