

BIOHAZARDOUS WASTE TRAINING RECORD

EMPLOYEE RESPONSIBILITIES:

- Attend an annual Biohazardous Waste Management and Exposure Control training session presented by a designated Skidmore Health Services Staff member.
- Become familiar with engineering controls, personal protective equipment, and actively use safe work practices.
- Complete site-specific training with your supervisor as outlined below.

SUPERVISOR RESPONSIBILITIES:

Supervisors are responsible for assuring that their employees have received annual training regarding:

- proper segregation, storage, treatment, and disposal of biohazardous waste;
- potential blood borne pathogen risk specific to their job;
- what to do in an exposure incident

Supervisors are also responsible for monitoring employee compliance with safety practices as outlined in the Biohazardous Waste Management and Exposure Control Policy. To assist in this task, supervisors should review the following site-specific information with employees, checking each item as it is reviewed. The completed and signed form should be kept on file in departmental records. OSHA requires training records to be maintained for 3 years.

Site-Specific Practices:

_____ Discussion of which wastes generated in the work area are biohazardous and how the waste is to be segregated, stored, transported, and disposed of.

_____ Review of procedures for on-site waste treatment methods (i.e. proper use of disinfectants, autoclaves etc.)

_____ Review of biohazardous waste labeling and pick-up procedures as they apply to the work area.

_____ Review of potential blood borne pathogen risk and procedures to follow in the event of an exposure.

_____ Review of personal protective equipment available and where to obtain it.

VERIFICATION OF TRAINING

I certify attendance of a Skidmore College Biohazardous Waste Management Policy and Exposure Control Plan annual training session. In addition, site-specific practices were reviewed and understood.

Dates Attended Annual Review Trainings: _____ / _____ / _____

Dates Completed Site-Specific Reviews: _____ / _____ / _____

Employee Signature/Date Employee Signature/Date Employee Signature/Date

Supervisor Signature/Date Supervisor Signature/Date Supervisor Signature/Date

Employee Name: _____ DOB: _____

Supervisor Name: _____ Dept: _____