

Training Documentation Form

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Facility Name: _____

Training subject or title: _____

Training dates: _____

Contents or summary of the training sessions:

Employees who completed this training:

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trainer(s): _____

Qualifications: _____

Note: Training records must be maintained for 3 years after the date of the training.

<http://www.lni.wa.gov/>

