



**2021 Bloodborne Pathogen Program  
and Biomedical Waste Training  
Compliance**



**Receipt Acknowledgement and Training Coordinator Designation**

- ☐ I have received the 2021 Bloodborne Pathogen Program and Biomedical Waste Training notification. I understand that this program is intended to ensure that those in my department are protected from the risk of exposure to bloodborne pathogens. We will begin distribution of program materials to the appropriate faculty, principal investigators, and supervisors in my department as soon as possible.
- ☐ I have received the 2021 Bloodborne Pathogen and Biomedical Waste Training notification. There are no members of this department who are at risk of exposure to bloodborne pathogens. Therefore, we will not participate in this program at this time.

**Department Chair or Director:**

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Campus Box Number or address if off campus

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

**The 2021 Bloodborne Pathogen Program training coordinator(s) for this department is(are):**

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus Box Number or address if off campus  
(Use next page for additional trainers, if necessary.)

**Return within two weeks. Preferred method: attach and send via email to: [bsa@ehs.ufl.edu](mailto:bsa@ehs.ufl.edu)**

Form may be faxed or mailed if needed to: Fax #352 392-3647, Biological Safety Office  
Box 112190

Email questions to: [bsa@ehs.ufl.edu](mailto:bsa@ehs.ufl.edu)

Gainesville, FL 32611

## 2021 Bloodborne Pathogen Program and Biomedical Waste Training Compliance

### Notice of Training Coordinator – Page 2

Department \_\_\_\_\_ Box \_\_\_\_\_

The following person(s) will serve as the 2021 Bloodborne Pathogen Program training coordinator(s) for this department:

_____ Name (print)	_____ Telephone
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_____ Title	_____ Box
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_____ Signature	_____ Email
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_____ Name (print)	_____ Telephone
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_____ Title	_____ Box
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_____ Signature	_____ Email
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_____ Name (print)	_____ Telephone
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_____ Title	_____ Box
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_____ Signature	_____ Email
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