

BLOODBORNE PATHOGENS GROUP TRAINING ATTENDANCE SHEET: 2016-2017

KEEP ON FILE FOR 3 YEARS

Page _____ of _____

SCHOOL:			GROUP: School Food Employees
PRINCIPAL:		DATE:	TIME:
EMPLOYEE NAME (PLEASE PRINT)	TITLE (PLEASE PRINT)	REFERENCE ID #	EMPLOYEE SIGNATURE
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I certify that the above information is true and correct.

MANAGER'S NAME:	MANAGER'S SIGNATURE:
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NOTE	<ul style="list-style-type: none"> You should be present during the training session to answer employees' questions. Employees' training status must be updated in BBPCT by close of business on Nov. 14th 2016. Do not Fax this sheet to OOSH. Keep on file for 3 years.
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