



EXPOSURE DETERMINATION FORM

Facility Name:



If the employee encounters a situation of potential exposure that is not listed here, training and experience should be used to identify and select appropriate controls and personal protective equipment in order to perform the task in a safe manner. Report the situation to the Safety Officer.

Job Classification: _____

The following is a list of all our job classification in which all employees have occupational exposure to Bloodborne Pathogens

Job Title <i>Ex. Dental Assistant</i>	Department/Location <i>Lab/OperatoryRoom</i>

Job Classification: _____

The following is a list of job classification in which some employees at our establishment have occupational exposure to Bloodborne Pathogens. Included is a list of tasks and procedures, or groups of closely related task and procedures, in which occupational exposure may occur.

Job Title <i>Ex. Housekeeper</i>	Department/Location <i>Medical Office</i>	Task Procedure <i>Handling Regulated Waste</i>





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I understand, as an employee that the tasks listed above must be performed with the methods of compliance established by both OSHA and this office to eliminate or minimize my exposure. These methods have been identified to me and are available for my review in our Exposure Control Plan. I agree to abide by these methods and all policies and procedures set by this office for the safe handling of potentially infectious materials. If I do not abide by this facility's policies, I may be subject to disciplinary action as established by this facility. I understand that if I have any questions or do not understand any part of my assigned tasks, that it is my obligation to notify my supervisor.

Date	Employee Name	Employee Signature	Date of Hire

