

DIOCESE OF ERIE

BLOOD-BORNE PATHOGEN INSERVICE FORM

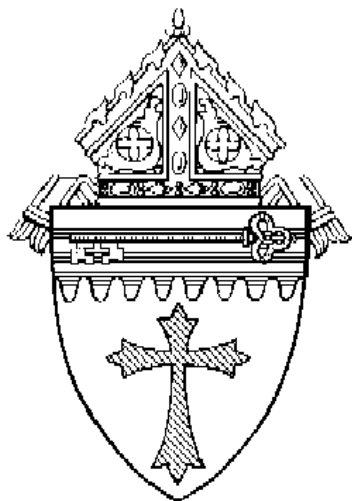
This is to certify that _____ has completed inservice training on the topic of exposure to blood-borne pathogens.

Date of In-Service: _____

Signature of person being inserviced: _____

Check one: Catechist ☐ Other ☐

Your signature on this form is an official statement that you have been in-serviced on and understand your responsibilities in relation to the Diocese of Erie Blood-borne Pathogen policy.



Training Session conducted by

Title