

Employee Exposure Determination & Identification

Job Classifications in Which **SOME** Employees Have Occupational Exposure to Bloodborne Pathogens

To be Determined and Completed by the Principal

FACILITY:		PRINCIPAL'S NAME:	
ADDRESS:		SITE ADMINISTRATOR'S NAME:	
PHONE NUMBER:	FAX NUMBER:	DISTRICT/REGION:	BOROUGH:

#	JOB TITLE	EMPLOYEE'S NAME	TASKS/PROCEDURES
	<i>Sample: Phy. Ed. Teacher</i>	<i>John/Jane Doe</i>	<i>First aid treatment as required</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Principal's Signature: _____

Date: _____

Total: Some Employees with Occupational Exposure: _____