

# Training Documentation Form

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Facility Name: \_\_\_\_\_

Training subject or title: \_\_\_\_\_

Training dates: \_\_\_\_\_

Contents or summary of the training sessions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees who completed this training:

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trainer(s): \_\_\_\_\_

Qualifications: \_\_\_\_\_

Note: Training records must be maintained for 3 years after the date the training.