Barry County Community Mental Health Authority

Blood Borne Pathogens Training

I, _____, acknowledge that I have received and read the required Blood Borne Pathogens training. I agree to adhere by the standards contained in the training and all Barry County Community Mental Health Authority policies and procedures regarding Blood Borne Pathogens.

_____ _____

Signature Date

_____

Employer other than BCCMHA

Please note it is your responsibility to retain documentation proof of your trainings.