

### BLOODBORNE PATHOGEN EXPOSURE CONTROL WORKSHEET - page 1 of 3

Federal OSHA Standard **1910.1030 (b)**, Definitions for Occupational Exposure and Other Potentially Infectious Material, states that "Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral\* contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." (\*Parenteral refers to piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.)

**Please note:** all information must be complete and correct in order for Relational Compliance Group to provide you with an Exposure Control Program which meets OSHA Standards!

Please check off **ALL** of the job classifications in your place of business in which **all employees in that classification** have occupational exposure. Job classifications not listed below **MUST** be written in. **Please use SPECIFIC job titles.**

dental hygienists

dentists

emergency room personnel

emergency medical technicians

fire fighters

first aid providers

lab technicians

laundry workers

law enforcement agents

nurses aids

operating room scrub nurses

operating room personnel

orderlies

phlebotomists

physicians

registered nurses

safety director

surgical technicians

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Signature of Individual Who Completed This Form

Company Name

## BLOODBORNE PATHOGEN EXPOSURE CONTROL WORKSHEET - page 2 of 3

2. Please check off **ALL** of the job classifications in your place of business in which **SOME employees in that classification** have occupational exposure. Job classifications not listed below **MUST** be written in. **Please use SPECIFIC job titles.** After each job classification, specify the tasks and procedures which may cause exposure. Use additional pages if needed.

<u>JOB TITLE</u>	<u>SPECIFIC TASKS CAUSING EXPOSURE</u>
<input type="checkbox"/> chiropractors	_____
<input type="checkbox"/> clerks	_____
<input type="checkbox"/> emergency room personnel	_____
<input type="checkbox"/> EMTs	_____
<input type="checkbox"/> fire fighters	_____
<input type="checkbox"/> housekeepers	_____
<input type="checkbox"/> lab technicians	_____
<input type="checkbox"/> laundry workers	_____
<input type="checkbox"/> law enforcement agents	_____
<input type="checkbox"/> massage therapists	_____
<input type="checkbox"/> nurses aids	_____
<input type="checkbox"/> orderlies	_____
<input type="checkbox"/> physical therapists	_____
<input type="checkbox"/> receptionists	_____
<input type="checkbox"/> registered nurses	_____
<input type="checkbox"/> secretaries	_____
<input type="checkbox"/> ward clerks	_____
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**Signature** of Individual Who Completed This Form

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**Company Name**

