

## TRAINING DOCUMENTATION FORM

*This form, when completed thoroughly, meets the WISHA requirement for documentation of bloodborne pathogen training for employees.*

<b>Facility Name:</b>	
<b>Training Subject or Title:</b>	
<b>Training Date(s):</b>	
<b>Contents or summary of the training session(s):</b>	
<b>Employees who completed this training:</b>	
<b>Name</b>	<b>Job Title</b>
<b>Trainer(s):</b>	
<b>Qualifications:</b>	

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