



Diocese of Erie Blood-borne Pathogen Inservice Form

This is to certify that

has completed inservice training on the topic of exposure to
blood-borne pathogens.

Date of In-Service: _____

Signature of person being inserviced: _____

Check one: Catechist Other

Your signature on this form is an official statement that you have been in-serviced on and understand your responsibilities in relation to the Diocese of Erie Blood-borne Pathogen policy.

Training Session conducted by

Title