

## BLOODBORNE PATHOGENS STANDARD COMPLIANCE CHECKLIST

|                 |         |           |
|-----------------|---------|-----------|
| SCHOOL NAME:    | REGION: |           |
| SCHOOL ADDRESS: |         |           |
| PHONE #:        | FAX #:  | DISTRICT: |

| <b>PROGRAM ADMINISTRATION</b>   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. A Site Administrator has been identified at the facility                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A written Exposure Control Plan is at the facility                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The Exposure Control Plan is completed   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. At-risk employees have been identified   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. At-risk employees who declined the Hepatitis B vaccine have signed declination forms | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. These signed declinations are kept on file at the facility                           | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>TRAINING</b>  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 7. Training has been conducted prior to administration of vaccines   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Employees understand hazards associated with Bloodborne Pathogens | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Training is documented (kept on file for 3 years)                 | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>EMPLOYEES ARE FAMILIAR WITH:</b>   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 10. Name and location of the Site Administrator                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. OSHA's Bloodborne Pathogens Standard  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The NYCDOE's Bloodborne Pathogens program                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The categories of employees who are entitled to the Hepatitis B vaccine       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The post-exposure plan for individuals exposed to Bloodborne Pathogens        | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Procedures to report Bloodborne Pathogens exposure (Exposure Incident Report) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Procedures to claim reimbursement for related medical tests                   | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>PERSONAL PROTECTIVE EQUIPMENT</b>  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 17. PPE is available to employees   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Employees are trained in the use, limitations, locations, handling, and disposal of PPE | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>REGULATED MEDICAL WASTE</b>   | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| 19. A regulated medical waste kit is at the site                                     |            |           |
| 20. Regulated waste is disposed of in red biohazard bags, sharps containers, and box |            |           |
| 21. Regulated waste is stored in a secured area                                      |            |           |

| <b>RECORDKEEPING</b>   | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| 22. Training records are kept for 3 years                    |            |           |
| 23. Exposure incidents are reported on incident report forms |            |           |
| 24. Exposure incidents are recorded on exposure incident log |            |           |
| 25. Sharps injuries are recorded on the sharps injury logs   |            |           |

| <b>POSTING</b>  | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 26. A bulletin board has been allocated for health and safety information |            |           |
| 27. A Bloodborne Pathogens poster is conspicuously displayed              |            |           |
| 28. A Universal Precautions poster is conspicuously displayed             |            |           |
| 29. The poster is current and accurate                                    |            |           |

|   |                                |
|---|--------------------------------|
| _____<br>Site Administrator (Print)     | _____<br>Principal's Signature |
| _____<br>Site Administrator (Signature) | _____<br>Date                  |

**Note:** For each **no** answer above, attach an explanation and forward Checklist to Regional Representative.

Please forward a copy to:

Office of Occupational Safety and Health (OOSH)  
 65 Court Street, Room 706 ▪ Brooklyn, NY 11201 ▪ Phone: 718-935-2319 ▪ Fax 718-935-4682