

Bloodborne Pathogen (BBP) PERSONNEL EXPOSURE ASSESSMENT

Ref. Prairie View A&M University Bloodborne Pathogen Exposure Control Plan
(January 2015)

First Name: _____ Last Name: _____
Date of Birth (mm/dd/yyyy): _____ UIN: _____
Email Address: _____ Personal Phone: _____
Position Title: _____ Work Phone: _____
Department: _____ Supervisor: _____

Biological Hazards from Human and Non-Human Primates:

Any "Yes" response to the questions below will require the employee to take BBP training.

	Yes	No
Position will be exposed to human (or non-human primate) materials (cell lines, tissue, body fluids, blood)	<input type="checkbox"/>	<input type="checkbox"/>
Position will be exposed to human (or non-human primate) body waste (urine, feces)	<input type="checkbox"/>	<input type="checkbox"/>
Position will be exposed to items soiled with human (or non-human primate) blood, body fluids or waste	<input type="checkbox"/>	<input type="checkbox"/>
Position will be exposed to untreated sewage/wastewater	<input type="checkbox"/>	<input type="checkbox"/>
Position will be exposed to bulk pick-up of solid waste (trash/garbage/recycling)	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE:

If this position's job duties or work environment are modified, there may be an increased exposure to biological hazards from human and/or non-human primates. Therefore, if at any time after completing this questionnaire said modifications occur, you MUST (1) update the PDAQ in PV Talent and (2) notify EHS of the change.

I have answered the above questions honestly and to the best of my knowledge.

Employee Acknowledgement (initials) Date

As supervisor, I acknowledge the responses of the employee and will support training if required.

Supervisor Acknowledgement (initials) Date