

## Blood Borne Pathogens Safety Checklist

PRINCIPAL INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ LOCATION OF SAMPLING: \_\_\_\_\_

Item	Pass/Fail	Comments
<b>Workspace</b>		
Table		
Chair		
Hand cleanser		
Band-aids		
Cotton balls		
<b>Blood Collecting Equipment</b>		
Single-use, disposable lancet		
Blood Glucose Monitor – must be disinfected between subjects		
<b>Personal Protective Equipment</b>		
Gloves (removed after each subject)		
Gowns, safety glasses, lab coats available upon request		
Hand washing facilities or hand sanitizer		
<b>Disposal</b>		
Sharps container		
Biohazard bags		
Disinfectant		
<b>Training and Documentation</b>		
Exposure Control Plan is accessible		
All personnel have completed annual BBP training		
All personnel have been offered Hepatitis B vaccination or signed declination form		
Personnel are familiar with post-exposure evaluation and follow-up		

AUDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_