

Form 9-a4

Responsible Person's Bloodborne Pathogen Exposure Control Statement

As a designated Responsible Person, I understand that in the course of work I may be requested to decontaminate equipment or facilities, or control materials contaminated with blood or other body fluids which could carry Pathogens capable of causing diseases including, but not limited to, Hepatitis B Virus (HBV) and human immunodeficiency virus (HIV). I have received training on control measures and have received and read the company Exposure Control Program.

I will do anything conceivably possible to protect myself and my fellow workers from potential exposures to Bloodborne Pathogens.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

SAMPLE