

BLOODBORNE PATHOGENS REPORT/RECOMMENDATION

EMPLOYEE: You are encouraged to bring any concerns about your exposure to bloodborne pathogens or the Exposure Control Plan to the Joint Labor/Management Safety Committee. Please complete this form and forward to the Risk Manager or your labor representative. The form will be submitted to the Joint Labor/Management Safety Committee for review and recommendation.

CONCERN: _____

_____.

RECOMMENDATION FOR CORRECTION: _____

_____.

DATE:

Signature

Department and Title