BLOODBORNE PATHOGENS REPORT/RECOMMENDATION

| EMPLOYEE: | You are encouraged to bring any concerns to bloodborne pathogens or the Exposure the Joint Labor/Management Safety Composite this form and forward to the Ris labor representative. The form will be sul Labor/Management Safety Committee for recommendation. | Control Plan to mittee. Please k Manager or your bmitted to the Joint |
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| CONCERN: | | |
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| RECOMMENDA | ATION FOR CORRECTION: | |
| | | |
| DATE: | | |
| | Signature | |
| | Department and Ti | tle |