WEST BRANCH-ROSE CITY AREA SCHOOLS

Philip Mikulski, Superintendent

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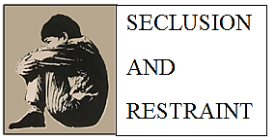
~ 2018-2019 SCHOOL YEAR ~

DUAL TRAINING VERIFICATION FORM

[1] Bloodborne Pathogens and [2] Seclusion and Restraint Trainir



Legibly **Print** Name Here_____

[1] By signing here, I certify I have watched the presentation on **Bloodborne Pathogens** for the 2018-2019 school year to meet the requirement of OSHA Safety Guidelines aimed at protecting the employee from contact with blood, or other potentially infectious materials, and to reduce the risk of occupational illness or injury.

Employee ***Signature:***_____ *Dated:*_____

[2] By signing here, I certify I have watched the presentation on **Seclusion and Restraint of Students** for the 2018-2019 school year to meet the requirement of the 2017 amended Revised School Code, which requires "awareness training" to all school personnel.

This training is to be viewed prior to the beginning of the school year.

Employee ***Signature:***_____ *Dated:*_____

Your **Job TITLE** (Example: First Grade Teacher, Parapro, Custodian, Food Service, etc.):

_____

The PRIMARY Building or Place where you work:

[Circle Only One] District Wide SES SMS RCS OHHS CO Bus Garage

The video presentations need to be viewed before school begins on Tuesday, September 4th.
This signed form should be returned to your Building Secretary on or before Friday, September 14, 2018