



District Office  
1640 Highway 2, Suite 200  
Two Harbors, MN 55616-4017  
Ph.: 218-834-8216  
Fax: 218-834-8239  
[www.isd381.k12.mn.us](http://www.isd381.k12.mn.us)  
Superintendent William Crandall

**VERIFICATION OF BLOODBORNE PATHOGEN TRAINING  
2013/14**

By signing this form I, \_\_\_\_\_, verify that I have completed the bloodborne pathogen training as presented via powerpoint slides available on the district website. By signing below I state that I understand the information and, in the event of a potential exposure, understand how to protect myself and others that I come into contact with. I also understand the process of how to report a suspected exposure.

\_\_\_\_\_  
employee signature

\_\_\_\_\_  
date

\_\_\_\_\_  
employee name (please write legibly)