CLEAR FORM
MCPS

BLOODBORNE PATHOGENS EMPLOYEE TRAINING
Record of Training Attendance Continuation Sheet
Name of School: _____

Training Date ____/____/____

Department of Facilities Management
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 230-30a
September 2007

EMPLOYEES ATTENDING THIS TRAINING SESSION (continued)

NAME (please print)		Employee ID Number	Job Title	Work Location	Initials
First	Last				

Return completed form to Department of Facilities Management, Attn: Safety Supervisor, 2096 Gaither Road, Suite 200