ATTACHMENT A: BIOMEDICAL WASTE TRAINING OUTLINE

Facility Name: _____

Trainer's Name: _____

Biomedical Waste Training Video: https://www.youtube.com/watch?v=KPQf-EJyd9M

Outline: *(You can restate training objectives from page 4; indicate watching video from link above; read and review 64E-16 F.A.C.; and or read and review details of this plan with staff)*

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ATTACHMENT B: BIOMEDICAL WASTE TRAINING ATTENDANCE

Facility Name: _____

Trainers Name: _____

Duration: _____

Purpose: _____Initial Assignment _____Annual _____Update

Print Participant's Name	Signature	Date