



**North Carolina Public Health**  
Working for a healthier and safer North Carolina  
Everywhere. Everyday. Everybody.

## **Division of Public Health Safety**

### **Training Session Participation**

By signing below, I \_\_\_\_\_ (print name) hereby acknowledge that I have reviewed the training information listed, and further confirm that I understand the information provided to me.

<b>Training</b>	<b>Date Completed</b>
Fire and Life Safety Training	
Workplace Precautions against Bloodborne Pathogens	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date