

BLOODBORNE

NORTH DAKOTA SAFETY COUNCIL, INC. - PROGRAM EVALUATION FORM

CONTRACTOR NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Bloodborne Pathogens**

| ITEM NO.                    | CITATION REFERENCE        | DESCRIPTION  | Y | N | GUIDANCE / INSTRUCTIONS  |
|-----------------------------|---------------------------|--|---|---|--|
| <b>BLOODBORNE PATHOGENS</b> |                           |  |   |   |  |
| 1                           | 1910.1030(g)(1)(2)(i)(ii) | Does program address communications of hazards to employees (information, training, timetable for training)? |   |   | Employer should have in the plan the different labels & signs that serve as warnings of infectious materials. Employer shall ensure that all employees with occupational exposure participate in a training program. Employees shall be provided training at the time of initial assignment, 90 days after effective date of the standard & annual training for all employees should be provided within 1 year of their previous training. |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 2                           | 1910.1030(a)(c)(1)        | Does program apply to all occupational exposure to blood or other potentially infectious materials?          |   |   | OSHA requires that all employers can "reasonably anticipate exposure" of employees to infectious materials to prepare and implement a written exposure control plan.   |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 3                           | 1910.1030(c)(2)           | Does program list exposure determinations?   |   |   | Each employer who has employees with occupational exposure as defined in 1910.1030(b) shall prepare an exposure determination.   |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 4                           | 1910.1030(c)(2)(i)(B)     | Does program list job classifications or tasks in which occupational exposure could occur?                   |   |   | Employers who have personnel trained in FirstAid are expected to provide emergency care.   |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 5                           | 1910.1030(c)(2)(C)(ii)    | Does program address exposure determination without regard of personal protective equipment?                 |   |   | The exposure determination shall be made without regards to the use of personal protective equipment.  |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 6                           | 1910.1030(d)(i)           | Does program address that universal procedures be observed?  |   |   | Under circumstances in which differential between body fluids is difficult or impossible, all body fluids will be considered potentially infectious.   |
| <b>Comments / Location:</b> |                           |  |   |   |  |
| 7                           | 1910.1030(C)(1)(iii)      | Does program address employee access to exposure control plan?   |   |   | Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).   |
| <b>Comments / Location:</b> |                           |  |   |   |  |

BLOODBORNE

|                             |                                      |   |  |  |
|-----------------------------|--------------------------------------|---|--|--|
| 8                           | 1910.1030(d)(2)(i)                   | Does program address engineering and work practice controls?                                  |  | Emergency and work practice controls shall be used to eliminate or minimize employee exposure. Procedures should detail steps to take in the event of an exposure incident. PPE should be addressed (specify type).  |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 9                           | 1910.1030(d)(2)(ii)                  | Does the program address follow-up on engineering controls?                                   |  | Engineering controls should be examined and maintained or replaced on a regular schedule to ensure their effectiveness.  |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 10                          | 1910.1030(d)(2)(iii)(iv)             | Does program address handwashing facilities and/or provisions if facilities are not feasible? |  | If provision of handwashing facilities are not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes.  |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 11                          | 1910.1030(d)(2)(xiii)                | Does program address how blood soaked bandages, etc. are to be handled?                       |  | Specimens of blood or other potentially infectious materials must be put in leak proof bags for handling.  |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 12                          | 1910.1030(d)(3)(i)(ii)(iii)(iv)(v)   | Does the program state that appropriate PPE be provided?                                      |  | When the possibility of occupational exposure is present, PPE is to be provided at not cost to the employee such as gloves, gowns, etc. PPE shall be used unless the employer shows that employees temporarily declined to use PPE under rare circumstances. The employer shall ensure that appropriate PPE in the appropriate sizes is readily accessible. PPE should be cleaned, laundered & properly disposed. The employer shall repair & replace PPE as needed to maintain its effectiveness. |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 13                          | 1910.1030(d)(4)(ii)(iii)(iv)(A)      | Does program address cleaning & disposal of contaminated areas & laundry?                     |  | After contact with blood or other infectious materials, all equipment or environmental surfaces shall be cleaned & decontaminated.   |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 14                          | 1910.1030(f)(1)(i)                   | Does program address Hepatitis B Vaccine?   |  | The employer shall make available to all employees that have occupational exposure, the Hepatitis B Vaccine, at no cost to the employee.   |
| <b>Comments / Location:</b> |                                      |   |  |  |
| 15                          | 1910.1030(h)(1)(i)(2)(i)(3)(i)(4)(i) | Does program address keeping of medical and training records?                                 |  | The employer shall establish and maintain an accurate record for each employee with occupational exposure in accordance with CFR 1910.1020. Training records will include the following: Dates and Contents of Training, Names and Job Titles of persons attending. Records will be maintained for 3 years.  |
| <b>Comments / Location:</b> |                                      |   |  |  |

**BLOODBORNE**

|                             |                          |  |  |   |
|-----------------------------|--------------------------|--|--|---|
| 16                          | 1910.1030(h)(3)(i)(4)(i) | <b>Does program address availability and/or transfer of records?</b>   |  | The employer shall ensure that all records required by this section shall be made available upon request of employees, Assistant Secretary & the Director for examination & copying. Medical records must have written consent of employee before released. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h). |
| <b>Comments / Location:</b> |                          |  |  |   |
| 17                          |                          | <b>Does program list position responsible for maintaining medical and training records and has the overall responsibility for the effectiveness of this program?</b> |  |   |
| <b>Comments / Location:</b> |                          |  |  |   |

REVISED 10/10/16

**EVALUATED BY:** \_\_\_\_\_

**NDSC**

**Auditor Comments**

- Item 1 \_\_\_\_\_
- Item 2 \_\_\_\_\_
- Item 3 \_\_\_\_\_
- Item 4 \_\_\_\_\_
- Item 5 \_\_\_\_\_
- Item 6 \_\_\_\_\_
- Item 7 \_\_\_\_\_
- Item 8 \_\_\_\_\_
- Item 9 \_\_\_\_\_
- Item 10 \_\_\_\_\_
- Item 11 \_\_\_\_\_
- Item 12 \_\_\_\_\_
- Item 13 \_\_\_\_\_
- Item 14 \_\_\_\_\_
- Item 15 \_\_\_\_\_
- Item 16 \_\_\_\_\_
- Item 17 \_\_\_\_\_

**Audit Reference:**

Disclaimer: The information contained in these forms, questionnaire and monitoring procedures is provided as written guidance to assist contractors in complying with the OSHA regulations and/or operator requirements. NDSC, the operators who participated in the development of this program and their employees disclaim all warranties both express and implied. The information presented here will give contractors a reference document, which should be used as guidance or as a "first step" towards getting your company into compliance. This monitoring program is based on sound safety and environmental concerns. We urge contractors to view their OSHA and DOT compliance efforts as a way to make their workplace safer for their employees.  
Each contractor is still responsible for full compliance of all applicable State and Federal regulations.