UNIVERSITY OF NOTRE DAME

Appendix A
University of Notre Dame
Bloodborne Pathogen Exposure Control Plan
Annual Assessment Checklist

To be Completed by Risk Management & Safety	Yes	No	N/A
Is the university's written exposure control plan for bloodborne pathogens reviewed annually and updated as appropriate? *(See 29 CFR 1910.1030 for additional details)*			
Have changes in technology that can eliminate or reduce exposure to BBPs been implemented at the university? If "yes", list:			
Have appropriate commercially available and effective medical devices designed to eliminate or minimize occupational exposures to BBPs been implemented at the university? If "yes" list:			

If any "**No**" boxes are checked, please specify corrective actions and anticipated dates of completion:

Reviewer Name (Print) : _____ Title: _____

Review Name (Signature) : _____ Date: _____