

Bloodborne Pathogen Annual Self Assessment Worksheet

Department:	Location:
Supervisor Name:	Auditor Name:
Supervisor Signature:	Auditor Signature:

BBP Program Policy	(Yes/No/% Complete)			
	Results			
<i>SEMCAT Audit Metrics in BOLD, Sub-metrics regular.</i>	Yes	No	%	Comments
General				
1. Potential for occupational exposure in this department?				
2. UMAINE BBP Program (or similar) available and accessible?				
Exposure Control Plan (ECP)				
<i>Content of ECP</i>				
3. Written ECPs available and accessible?				
4. Written ECPs on file with SEM?				
5. Updated annually?				
6. Description of job tasks?				
7. Exposure determinations?				
8. Description of Work Practice Controls?				
9. Description of Engineering Controls? SESIP?				
10. Description of required PPE?				
General Rules				
11. Universal precautions followed?				
12. Labels, signs, & containers appropriate?				
13. Sharps properly handled and disposed?				
14. Housekeeping adequate?				
15. PPE available and appropriate?				
16. Hand washing facilities available and appropriate?				
17. Documented procedures for laundry handling?				
Training/ Vaccinations				
18. Potentially exposed employees trained annually?				
19. Training documentation available?				
20. Training documentation appropriate/complete?				
21. Potentially exposed employees offered HBV?				
22. Established procedures for employees who accept HBV?				
23. Declinations statements for employees who decline HBV?				
24. Declination statements sent to Human Resources?				
25. Solicit employees suggestions? (during training)				
Exposure Incidents				
26. Exposed employees referred to HR for medical evaluation?				
27. Documentation of exposure incidents sent to HR?				
28. Documentation of exposure incidents sent to SEM?				
29. Sharps Injury Log?				

1. Original – Dept. File
2. Fax to SEM 581-4085 or email Jill.Rand@maine.edu
 - a. Completed Annual Assessment Form
 - b. List of BBP Trained Employees and date of last training.