



**ORANGE TOWNSHIP PUBLIC SCHOOLS**

Administration Building  
Department of Special Services  
451 Lincoln Avenue Orange, New Jersey 07050  
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**Ronald C. Lee**  
Superintendent of Schools

**Pamela R. Horn**  
Director of Special Services

**Staci A. Beegle**  
Supervisor of Special Services

To: \_\_\_\_\_ School Nurse  
(Name of School)

From: \_\_\_\_\_  
(Your Name)

I have gone through the tutorial presentation on Bloodborne Pathogens and have a full understanding of the safe practices that can assist me when dealing with situations that might have the potential danger of bloodborne pathogens. I have also been afforded the opportunity to learn more about the dangers and safety precautions of bloodborne pathogens.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The viewing of the Bloodborne Pathogens PowerPoint Presentation is MANDATORY by all Public School Employees. Please view and turn in this sign-off sheet to School Nurse by September 30, 2011.*