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## **OSHA – WORK PLACE SAFETY TRAINING** **ACKNOWLEDGEMENT**

I have received the Annual GeminiCares OSHA Compliance Training. I have been educated and I understand the following topics: Bloodborne pathogens, universal precautions, hepatitis, tuberculosis, client rights, significant exposure, and workplace safety. I also have received, reviewed and understand Gemini's policy and procedure for their Exposure Control Plan.

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**Print Name**

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**Signature**

**Date**

**Fax completed form to: 1-262-644-7481 or**

**Mail to: GeminiCares, Inc.  
840 Enterprise Drive  
Slinger WI 53086**

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**Revision (1/08) (2/15)**