

**Bloodborne Pathogens Periodic Site Surveillance and Monitoring Log**

\_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Monitored by/supervisor: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Inspected by: \_\_\_\_\_

Staff Person	Accomplishments	Deficiency Identified	Corrective Action To Be Taken	Date of Completion	Review By Date
RESCIND					