

~~Verification Form B~~

~~By my signature, I verify that I have received instruction in Universal Precautions and Forms A-11 and A-12 and have received a copy of Policy GBEA, GBEA-R and Universal Precautions and agree to abide by their contents. I understand this Policy is subject to change and it is my responsibility to be aware of any changes.~~

Employee Name (Print)

Employee Signature

Date

Witness Signature

Date

RESCIND