**2021 Quarter 2 Compliance:**

**All**

* Chemical Hazard Communication Date Completed

**Medical ONLY**

* Bloodborne Pathogens Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the above required compliance.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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