



I acknowledge that I received training via the Evolution Maintenance Workplace Portal regarding ***bloodborne pathogens safety*** on \_\_\_\_\_ (date).

I agree to abide by the principles that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact the Zone Facility Manager or a member of the Executive Team.

---

Employee Name (Please Print)

---

Employee Signature

Fill out with your chosen PDF editor and once completed, email to  
[hr@evolutionmaintenance.com](mailto:hr@evolutionmaintenance.com)