

**City of Portland Bloodborne Pathogen Program
Engineering & Work Practice Evaluation Form**

Evaluation Team: _____

Date of Evaluation: _____

Medical Equipment / Work Practices Evaluated:

Employee Recommends Purchase: Yes No

Employer Purchased Equipment: Yes No

Employer Justification for Not Purchasing Equipment (if applicable):

Equipment Purchased without Consent of Employees: Yes No

Training on Equipment Provided to Employees Prior to Use: Yes No

Employer Justification for Purchasing Equipment (if applicable):

Name: _____
(Print Name)

Date: _____

Name: _____
(Signature)