

**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)