



BLOODBORNE PATHOGENS TEST

1. True False HIV attacks a person's immune system and causes it to break down.
2. True False Currently there are no vaccines for HCV and HBV.
3. True False The only way to detect HIV, HBV or HCV is through a blood test.
4. True False Fatalities do not have to be reported to OSHA.
5. True False Like the flu or a common cold, HIV, HBV and HCV can be spread through the air.
6. True False If you are exposed to a bloodborne pathogen, you are automatically infected.
7. True False Dried HBV has been shown to survive on environmental surfaces at room temperature for up to one week.
8. True False There are five major tactics for protection against bloodborne pathogens.
9. True False You can eat, drink, smoke, apply cosmetics or lip balms, in potential exposure situations.
10. True False Engineering controls are designed to isolate or remove BBP hazards from a workplace.
11. True False When your hands are visibly soiled or contaminated by blood or OPIMs, use an alcohol-based hand rub to clean them.
12. True False Make sure to store your food and drink close to you when working with blood so you don't have to leave the room.
13. True False Never break, bend or recap contaminated needles or sharps.
14. True False Mouth-pipette or mouth suction only if you have performed this procedure before.
15. True False Before donning gloves, make sure to cover or bandage cuts and abrasions, since gloves can be torn or punctured.
16. True False Always remove PPE, such as gloves, before leaving a work area.
17. True False Reaching into a trash container to retrieve an item is OK, if you are almost certain there are no needles or sharps in the container.
18. True False If you are exposed to blood or body fluid, wash the area right away with bleach & water.
19. True False You have to sign the HBV declination form if you do not want to receive the HBV vaccine at the time it is offered.
20. True False The Safety Data Sheet (SDS) must follow the 16-section format.


ACKNOWLEDGEMENT OF TRAINING

I have attended and understand the training session, **Bloodborne Pathogens**. I have also completed and passed the quiz at the conclusion of this session.

Employee's Signature/Name of Practice

04/16/2026

Date


_____, **Medical Management Associates, Inc.**
Trainer's Name

NOTE: The completed quiz should be included in the employee's personnel or training file.