

# TRAINING ROSTER



|                                      |   |                   |  |
|--------------------------------------|---|-------------------|--|
| Company:                             | med fusion  | Date:             | 1/14/15  |
| Location:                            | Med fusion Convergence Center 2501 South State Highway 121, Suite 1100 Lewisville Tx, 75067 | Time:             | NOON   |
| Trainer & Job Title:                 | Peggy Prinz Luebbert, Healthcare Interventions  | Scope of Training | <input type="checkbox"/> CLASS<br><input type="checkbox"/> IN-SERVICE<br><input type="checkbox"/> DISCUSSED<br><input type="checkbox"/> OBSERVATION<br><input type="checkbox"/> SOP REVIEW |
| Title of Sop/Title of Training Class | Preventing Infections in the Laboratory   | TEST              | <input type="checkbox"/>   |

|     | NAME              | Department         | SUPERVISOR OR ABOVE?                      | SIGNATURE         | STATUS / NOTES |
|-----|-------------------|--------------------|---|-------------------|----------------|
| 1.  | Debbie Emerson    | Safety             | Yes / No <input checked="" type="radio"/> | Debbie Emerson    |                |
| 2.  | Meredith McDaniel | Facilities         | Yes / No <input checked="" type="radio"/> | Meredith McDaniel |                |
| 3.  | Jatavia Mills     | Infectious Disease | Yes / No <input checked="" type="radio"/> | Jatavia Mills     |                |
| 4.  | Brittany Hammond  | Infectious Disease | Yes / No <input checked="" type="radio"/> | BH                |                |
| 5.  |                   |                    | Yes / No                                  |                   |                |
| 6.  |                   |                    | Yes / No                                  |                   |                |
| 7.  |                   |                    | Yes / No                                  |                   |                |
| 8.  |                   |                    | Yes / No                                  |                   |                |
| 9.  |                   |                    | Yes / No                                  |                   |                |
| 10. |                   |                    | Yes / No                                  |                   |                |
| 11. |                   |                    | Yes / No                                  |                   |                |
| 12. |                   |                    | Yes / No                                  |                   |                |
| 13. |                   |                    | Yes / No                                  |                   |                |
| 14. |                   |                    | Yes / No                                  |                   |                |
| 15. |                   |                    | Yes / No                                  |                   |                |