State of Utah  
Utah Labor Commission  
Occupational Safety and Health Division  
c/o Shauna Bingham & Andrew Clark  
160 E 300 S, 3rd Floor  
P.O. Box 146650  
Salt Lake City, UT 84114

Eric Jorgensen  
Executive Director, EH&S, Utah State University  
8315 Old Main Hill  
Logan Utah 84322

RE: Inspection 1419367

Citation 2 Item 1

Utah State University now requires Hepatitis B Vaccination Informed Consent/Waiver Form for all personnel that are deemed “reasonably anticipated to have a skin, eye or mucous member contact with blood or bodily fluids” in the performance of their job. These forms are provided to all attendees of initial and refresher Blood Borne Pathogens training. USU departments will maintain these forms and give personnel an opportunity to modify their declaration at any time and during refresher training. USU Departments will provide vaccinations to anyone that desires to be vaccinated and has not been. The Informed Consent/Waiver Form is being sent to all campus units that may have already received training without getting the Form. Examples of competed Informed Consent/Waiver Form may be found in “Hepatitis Form.pdf”

Certification of Abatement:  
The violation identified above was corrected on or before October 8, 2019 by Kirt Poulsen.

I attest that I am an authorized representative of Utah State University and that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement activities described in this certification. By providing abatement verification or UOSH, and signing this document, the employer does not admit that it violated the cited standards for any litigation or purpose other than subsequent proceeding under the Utah Occupational Safety and Health Act.

_______________________
Typed Name

_______________________
Signature

10/8/2019

Date
Appendix B

INFORMED CONSENT/WAIVER
Hepatitis B Vaccination


I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. My response to this offer is:

(EMPLOYEE: Read over the three possible responses below and strike out the items that do not apply. Place your initials and the date after the item you select, then date, sign, and print your full name at the bottom of the page. You must select one of these responses.)

_____I accept the offer. I will make myself available to receive a series of three (3) inoculations, to be administered as soon as practicable, and at one (1) and six (6) months after the initial dose. I understand that I will be paid at the regular rate for my time when I receive the inoculations.

_____I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposures to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____I have previously received the three shot Hepatitis B vaccination series.

(Signed): Brandon Calley  Date: 09/20/2019
(Print name): Brandon Calley