

Instructor Background And Information Form

Thank you for filling out this form.			
Presentation Title: Bloodborne Pathogen	s Awareness & Safety		
Presenter: Brian Warren			tory Specialist
City of Pendleton	Address:1501 SE Byers Ave		
Pendleton City:	State: OR Zip: §	97801	541-276-3078 Phone:
Summary of Lesson content: This course	provides essential train	ning on red	cognizing, preventing, and responding to
			A 29 CFR 1910.1030. Topics include modes of
transmission, common diseases, identify	ying risks, proper use of	PPE & co	imponents of an Exposure Control Plan (ERP).
Please be sure the resume includes all re Use the reverse side of this form if more Primary Knowledge/Skills/Abilities related	equested information. C room is needed to fully d to presentation:	Qualification answer the 20 years e	experience as a Safety Officer in public and
private sectors; paramedic for 20+ yrs.;	OSHA 500 Certified Tra	iner, Certi	fied STS (BCSP); First-Aid/CPR Instructor (BLS
Education (High School, Upgrades, College Professional Registration/Certification:	STS-RCSP: CEST-NEP	A. BI S. R.	Heartsaver Instr. AHA: Licensed Paramedia:
Related papers/instruction you have pres Title:		Event:	Pendleton Public Works Training
Title Ladder Safety (OESAC #: 6120)	1/14/2025 Date:	Event:	Pendleton Public Works Training
Professional Organizations/Activities: LEPC (Umatilla/Morrow Counties) Lead			Date: 2023-Present
Board of Certified Safety Professionals I	Development Board		Date: 2021-Present
City of Pendleton (Spon	ısor ID#: 543)		
Signature of Instructor:			Date: 8/13/2025
DO NOT WRITE BELOW THIS LINE			
Date Evaluated: By:			Approved: Yes No
Return Completed Form To: OESAC CEI	U COMMITTEE Em	nail: info@o	esac.org

P.O. Box 577

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