

**ASBESTOS TRAINEE EVALUATION FORM**  
**(Must be submitted within 5 days of completion of training**  
**and must be submitted with the Asbestos Trainee Sign-in Sheet(s).**  
**Can be mailed, faxed to 717-705-0196, or emailed to [CALBOIS@pa.gov](mailto:CALBOIS@pa.gov).)**

<p><b>Trainee Information</b> (Name must match the name listed on the Trainee Sign-in Sheet)</p>	<p><b>Trainee must complete this section. Please print neatly in ink, using your legal name.</b></p> <p>First Name _____ Middle Initial _____</p> <p>Last Name _____ Suffix _____</p> <p>Street Address (Including Apartment/Suite #) _____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Date of Birth (MM/DD/YY) _____ Telephone _____</p> <p>Email _____</p> <p>Current Employer's Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Work Telephone _____</p> <p>Trainee Signature _____ Date _____</p>
<p><b>Training Provider Information</b></p>	<p><b>Instructor must complete this section. Please print neatly in ink.</b></p> <p>The above-named individual has successfully completed _____ day(s) of asbestos training for _____ hours on _____. The course completed is checked below.</p> <p>Abatement Worker Initial <input type="checkbox"/>                      Abatement Worker Refresher <input type="checkbox"/></p> <p>Contractor/Supervisor Initial <input type="checkbox"/>                      Contractor/Supervisor Refresher <input type="checkbox"/></p> <p>Inspector Initial <input type="checkbox"/>                                              Inspector Refresher <input type="checkbox"/></p> <p>Management Planner Initial <input type="checkbox"/>                      Management Planner Refresher <input type="checkbox"/></p> <p>Project Designer Initial <input type="checkbox"/>                                      Project Designer Refresher <input type="checkbox"/></p> <p>Initial Comprehensive Score: _____ Second Attempt Score (if applicable): _____</p> <p>Instructor Comments: _____</p> <p>Training Provider's Name _____ Accreditation # _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone _____ Email _____</p> <p>Course Location: _____</p> <p>Course began on: _____ and ended on: _____</p> <p>Instructor Name (Printed or Typed): _____</p> <p style="padding-left: 40px;">Instructor Name (Signed): _____</p> <p style="padding-left: 80px;">Date Signed: _____</p>