

ASBESTOS TRAINEE EVALUATION FORM
(Must be submitted within 5 days of completion of training.)
Can be mailed, faxed to (717) 705-0196, or emailed to CALBOIS@pa.gov)

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| <p>Trainee Information</p> | <p>Trainee must complete this section. Please print neatly, using your proper name.</p> <p>First Name _____ Middle Initial _____</p> <p>Last Name _____ Suffix _____</p> <p>Street Address _____</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>Training Provider Information</p> | <p>Instructor must complete this section. Please print neatly.</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><input type="checkbox"/> Abatement Worker Initial <input type="checkbox"/> Abatement Worker Refresher</p> <p><input type="checkbox"/> Contractor/Supervisor Initial <input type="checkbox"/> Contractor/Supervisor Refresher</p> <p><input type="checkbox"/> Inspector Initial <input type="checkbox"/> Inspector Refresher</p> <p><input type="checkbox"/> Management Planner Initial <input type="checkbox"/> Management Planner Refresher</p> <p><input type="checkbox"/> Project Designer Initial <input type="checkbox"/> Project Designer Refresher</p> <p>Initial Comprehensive Score: _____ Second Attempt Score (if applicable): _____</p> <p>Instructor Comments: _____</p> <p>_____</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 (Signed): _____</p> <p>Instructor Name (Printed): _____</p> <p>Date Signed: _____</p> |