

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

<p>Trainee Information (Name must match the name listed on the Trainee Sign-in Sheet)</p>	<p>Trainee must complete this section. Please print neatly in ink, using your legal name.</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>Training Provider Information</p>	<p>Instructor must complete this section. Please print neatly in ink.</p> <p>The above-named individual has successfully completed _____ day(s) of lead training for _____ hours on _____. The course completed is checked below.</p> <p style="text-align: center;"> Worker <input type="checkbox"/> Worker Refresher <input type="checkbox"/> Supervisor <input type="checkbox"/> Supervisor Refresher <input type="checkbox"/> Inspector <input type="checkbox"/> Inspector Refresher <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Risk Assessor Refresher <input type="checkbox"/> Project Designer <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: 100px;">Instructor Name (Signed): _____</p> <p style="padding-left: 100px;">Date Signed: _____</p>