

FOR L&I USE ONLY
Accr. #: _____
Date: _____

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

Training Provider Information	<p>Training Provider must complete this section. Please print neatly.</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>Instructor Name(s) (Printed): _____ Instructor Name(s) (Signed): _____</p> <p>_____</p> <p>_____</p> <p>Type of Course:</p> <p> <input type="checkbox"/> W <input type="checkbox"/> W REF <input type="checkbox"/> C/S <input type="checkbox"/> C/S REF <input type="checkbox"/> I <input type="checkbox"/> I REF <input type="checkbox"/> MP <input type="checkbox"/> MP REF <input type="checkbox"/> PD <input type="checkbox"/> PD REF </p>
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Trainee Sign-In	<p>Each trainee must neatly print and sign their proper name, in AM and PM columns (as applicable), and then insert the date of training.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%; text-align: center;">AM SESSION</th> <th style="width: 45%; text-align: center;">PM SESSION</th> <th style="width: 5%; text-align: center;">DATE</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>2)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>3)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>4)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>5)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>6)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>7)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td></td> </tr> </tbody> </table>		AM SESSION	PM SESSION	DATE	1)	_____	_____	___/___/20__		_____	_____		2)	_____	_____	___/___/20__		_____	_____		3)	_____	_____	___/___/20__		_____	_____		4)	_____	_____	___/___/20__		_____	_____		5)	_____	_____	___/___/20__		_____	_____		6)	_____	_____	___/___/20__		_____	_____		7)	_____	_____	___/___/20__		_____	_____	
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**Trainee
Sign-In
Continued**

Each trainee must neatly **print** and **sign** their proper name, in **AM** and **PM** columns (as applicable), and then insert the date of training.

AM SESSION

PM SESSION

DATE

8)	_____	_____	___/___/20__
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9)	_____	_____	___/___/20__
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16)	_____	_____	___/___/20__
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17)	_____	_____	___/___/20__
	_____	_____	
18)	_____	_____	___/___/20__
	_____	_____	
19)	_____	_____	___/___/20__
	_____	_____	
20)	_____	_____	___/___/20__
	_____	_____	