

<b>FOR L&amp;I USE ONLY</b>
Accr. #: _____
Date: _____

**LEAD TRAINEE SIGN-IN SHEET**  
**(Must be submitted within 5 days of completion of training and must be submitted with the Asbestos Trainee Evaluation Form(s). Can be mailed, faxed to 717-705-0196, or emailed to [CALBOIS@pa.gov](mailto:CALBOIS@pa.gov).)**

<b>Training Provider Information</b>	<p><b>Training Provider must complete this section. Please print neatly in ink.</b></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 Names (Printed): _____ Instructor Names (Signed): _____</p> <p>_____</p> <p>_____</p> <p>Type of Course:</p> <p>W <input type="checkbox"/>      W REF <input type="checkbox"/>      S <input type="checkbox"/>      S REF <input type="checkbox"/>      I <input type="checkbox"/></p> <p>I REF <input type="checkbox"/>      RA <input type="checkbox"/>      RA REF <input type="checkbox"/>      PD <input type="checkbox"/>      PD REF <input type="checkbox"/></p>																																		
<b>Trainee Sign-In</b>	<p>Each trainee must neatly <b>print</b> and <b>sign</b> their <b>legal name</b>, in <b>AM</b> and <b>PM</b> columns - (as applicable), and then insert the date of training. Trainee must use the same name for each session of the training course.</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>2)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td>3)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td>4)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td>5)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td>6)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</td> </tr> <tr> <td>7)</td> <td>_____</td> <td>_____</td> <td>___/___/20__</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 **legal name**, in **AM** and **PM** columns - (as applicable), and then insert the date of training. Trainee must use the same name for each session of the training course.

**AM SESSION**

**PM SESSION**

**DATE**

8)	_____	_____	___/___/20__
	_____	_____	
9)	_____	_____	___/___/20__
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