

Accr. #:	_____
Date:	_____
Course:	_____
	<b>CL4</b>

**LEAD TRAINEE EVALUATION FORM**  
**(Must be submitted within 5 days of completion of training.)**

**TRAINEE INFORMATION:** Trainee must complete this section. Please print clearly.

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ First name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Highest Grade of Education Completed: \_\_\_\_\_

Present Employer Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAINING PROVIDER INFORMATION:** Instructor must complete this section. Please print clearly.

The above-named individual has successfully completed \_\_\_\_\_ day(s) of lead training for \_\_\_\_\_ hours on \_\_\_\_\_. The course completed is checked below:

- |   |   |
|---|---|
| <input type="checkbox"/> 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 |

Did this training involve a "hands-on" skill assessment or proficiency test?  Yes  No  
 Initial Comprehensive Score: \_\_\_\_\_ Second Attempt Score (if applicable): \_\_\_\_\_  
 Instructor Comments: \_\_\_\_\_

Training Provider \_\_\_\_\_ Accreditation # \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Course location: \_\_\_\_\_

Course began on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ended on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Instructor Name (Signed) \_\_\_\_\_  
 Instructor Name (Printed) \_\_\_\_\_  
 Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_