

Name of Training Agency			Training Agency Number	Date of Inspection
Street Address			Courses Agency Applied/Approved for (<i>check all that apply</i>):	
City	State	Zip Code	<u>Housing and Public Buildings</u>	<u>Commercial Buildings and Superstructures</u>
Telephone Number ()	Fax Number ()		<input type="checkbox"/> Worker	<input type="checkbox"/> Worker
			<input type="checkbox"/> Supervisor	<input type="checkbox"/> Supervisor
			<input type="checkbox"/> Inspector/Risk Assessor	
			<input type="checkbox"/> Planner/Project Designer	

Type of Inspection

Pre-Certification Renovated Facility

Add New Facility Other (Specify): _____

INSTRUCTIONS: Check ALL the following areas and mark the appropriate box.
If necessary, explain "NO" answers on a continuation sheet. Precede each explanation with the item number.
For Inspector/Risk Assessor discipline, complete Sections 1-4 and 11.
For Worker, Supervisor and Planner/Project Designer disciplines, complete Sections 1-3 and 5-11.

Yes	No	N/A	Description	Yes	No	N/A	Description
1. Training Information Record (EHS-9)				4. Sampling Items (Cont'd)			
			a. Secure (locked) location				f. Air pump (5)
			b. Account log of forms				g. Air sampling cassettes (case)
			c. Other:				h. Surface area for sampling
2. Classroom				5. Equipment, Supplies			
			a. Adequate size for (no.) _____ trainees				a. Pry bars (5 varied sizes)
			b. Adequate lighting				b. HEPA vacuum (1)
			c. Writing surface (desks, tables, etc.)				c. Scrapers (25)
			d. Adequate seating (<i>see number in 2.a.</i>)				d. 6 mil waste bags, solvent resistant (1 case)
			e. Adequate ventilation				e. Disposable clothing (1 case)
			f. Comfortable temperature				f. Air filtration differential unit (1)
			g. Acceptable background noise				g. Duct tape (1 case)
			h. Other:				h. Ladders (2)
3. Audio Visual							i. Scaffolds (1)
			a. Up-to-date/relevant videos/DVDs				j. Solvent strippers (2 types)
			b. Working equipment				k. Ground fault circuit interrupters (3)
			c. Legible/understandable overhead slides				l. Warning signs (5)
4. Sampling Items							m. 6 ml poly sheeting (1 case)
			a. Direct reading XRF and/or spectrum analyzer (1)				n. Encapsulants (paint, cloth, barrier)
			b. Swab analysis kit (5)				o. Caulk gun and caulk (2)
			c. Sample containers (20)				p. Heat gun (1)
			d. Wipes (1 container)				q. Screw gun (2)
			e. Vacuum sampler & collection medium (5)				r. Trisodium phosphate/other cleaning products

**FACILITY INSPECTION WORKSHEET – LEAD
(Continued)**

Name of Training Agency				Training Agency Number		Date of Inspection			
6. Hands-On Training Area				6. Hands-On Training Area (Con'd)					
			a. Adequate size (see number in 2.a.)				k. Site security items (caution tape, etc.)		
			b. Adequate lighting				7. Safety Items for Hands-On		
			c. Adequate ventilation				a. Material Safety Data Sheets (as applicable)		
			d. Comfortable temperature				b. Emergency numbers		
			e. Decon system (per applicable regulations)				c. Eye wash station (1)		
			f. Adequate airlock widths				d. Fire extinguisher (1)		
			g. Three-flap airlock system				e. Eye protection (10)		
			h. Air differential opening				f. Hard hats (10)		
			i. Critical barriers (per applicable regulations)				g. Solvent resistant gloves (1 case)		
			j. Removal substrate (must adequately represent conditions of actual removal according to discipline approved for)				8. Total sq. footage of simulated surfacing lead material: _____		
9. Miscellaneous Hands-On Items									
10. Brands and Quantities of Respirators Used									
Brand 1:				Brand 2:					
Amounts	Number (Quantity) of Respirators by Type							e. Other: _____	
	a. Type "C" Supplied Air	b. PAPR	c. Full Face			d. Half Face			
			Small	Medium	Large	Small	Medium		Large
Amount Brand 1									
Amount Brand 2									
11. Comments									
Inspection Results						Maximum No. of Trainees			
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditionally Satisfactory (see comments)						Initial Course	Refresher Course		
						_____	_____		
Name of Inspector (Print)				Signature of Inspector			Date		
Name of Training Agency Representative (Print)					Title				
Signature of Training Agency Representative						Date			