

Important: In accordance with N.J.A.C. 8:62 anyone who falsifies any information on this document will be subject to penalty actions of up to \$1000 per day for the first offense and \$5000 per day for each subsequent offense. Each day shall constitute an additional and separate offense.

New Jersey Lead Course Attendance Form

| Agency Name | | | Agency No. | Day of Course | Course ID No. | Dates of course | | Current Date |
|--|------------------------|-----------|---|----------------------------|--|----------------------------|------|------------------------|
| Type of Course: <input type="checkbox"/> Initial <input type="checkbox"/> Refresher | | | Scheduled Time Begin: End: | | Discipline: <input type="checkbox"/> WHPB <input type="checkbox"/> SHPB <input type="checkbox"/> WCBS <input type="checkbox"/> SCBS <input type="checkbox"/> IRA <input type="checkbox"/> PPD | | | Course Language |
| # | Morning Sign-in | | | After Lunch Sign-in | | End of Day Sign-out | | EHS-9 Number |
| | Print Name Legibly | Signature | Time | Signature | Time | Signature | Time | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |

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|-------------|--------------------|------------|------|---------------------|------|---------------------|-----------------|--------------|
| | Morning Sign-in | | | After Lunch Sign-in | | End of Day Sign-out | | EHS-9 Number |
| # | Print Name Legibly | Signature | Time | Signature | Time | Signature | Time | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |

Instructor Information

| Print Instructor Name | Signature | Subjects Taught (check all that apply) | | | Date |
|-----------------------|-----------|--|----------------|----------|------|
| | | General Lecture | Health Effects | Hands-on | |
| | | | | | |
| | | | | | |
| | | | | | |

Directions: Cross out any blank signature lines (for both students and instructors).

If a student misses more than an hour of time or leaves and does not return, cross off their name and void the EHS-9 form. Return voided form to DOH with course paperwork.