

New Jersey Department of Health
HANDS-ON ASSESSMENT
LEAD SUPERVISOR - HOUSING AND PUBLIC BUILDINGS

Student Name		Date				
<p><i>For the hands-on assessment of the training course, instructors shall rate student performance on a scale of 1-5 (5 being the best). During the hands-on assessment, students shall be required to demonstrate competency in the following areas. Items/procedures must be developed to test each activity. These items/procedures must be submitted to the Department for approval prior to implementation.</i></p>						
Item	Activity	Rating				
		<i>(Check one number for each)</i>				
		1	2	3	4	5
1. Hazard recognition and control	Site characterization					
	Preparation of worksite					
	Exposure measurements					
	Material identification					
	Safety and health plan					
	Medical surveillance					
	Engineering and work practices					
2. Personal protective Equipment	Donning respirators					
	Positive and negative fit checks of respirators					
	Care and cleaning of respirators					
	Suiting up and disposal of clothing					
	Personal decontamination					
	Hygiene practices					
3. Lead-based paint abatement and hazard reduction methods	Scraping					
	Chemical removal					
	Heat removal					
	Prohibited methods					
4. Interior dust abatement methods/clean-up or lead hazard reduction	Sequence of removal and cleaning					
	HEPA vacuuming					
	Wet washing (with high phosphate detergent)					
5. Soil and exterior dust abatement methods or lead hazard reduction	Sequence of removal					
6. Waste disposal	Proper bagging					
	Proper disposal of various types of materials					
	Classifying waste					
7. Development of pre-abatement work plans	Worker protection measures					
	Compliance with all Federal, State and local regulations					
	Occupant protection program					
	Specifications for use of containment					
Total Each Column:						
Total Score (add total from each column):						
Multiply total score by this number (round to nearest whole number):		X .72				
Score:						
Indicate pass or fail (must have at least 70% to pass):		<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Rater (print)		Agency Number				
Rater Signature		Date				