

Name of Training Agency			Training Agency Number		Date of Inspection	
Street Address			Courses Agency Applied for/Approved <input type="checkbox"/> Worker (Initial and Refr.) <input type="checkbox"/> Supervisor (Initial and Refr.)			
City		State	Zip Code		Telephone Number (    )	
					Fax Number (    )	
Type of Inspection <input type="checkbox"/> Pre-Certification <input type="checkbox"/> New Facility <input type="checkbox"/> Renovated Facility <input type="checkbox"/> 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.

Yes	No	N/A	Description	Yes	No	N/A	Description
<b>1. Training Information Record (ASB-24)</b>				<b>4. Equipment, Supplies (Continued)</b>			
			a. Secure (locked) location				l. Danger signs (5)
			b. Account log of forms				m. 6 ml poly sheeting (1 case)
			c. Other:				n. Other barrier supplies
<b>2. Classroom</b>							o. Pumps and filters (2)
			a. Adequate size for (no.) _____ trainees				p. Other:
			b. Adequate lighting	<b>5. Hands-On Training Area</b>			
			c. Writing surface (desks, tables, etc.)				a. Adequate size (see number in 2.a.)
			d. Adequate seating (see number in 2.a.)				b. Adequate lighting
			e. Adequate ventilation				c. Adequate ventilation
			f. Comfortable temperature				d. Comfortable temperature
			g. Acceptable background noise				e. 3 (minimum) chamber decon system
			h. Other:				f. Adequate airlock widths
<b>3. Audio Visual</b>							g. Three-flap airlock system
			a. Up-to-date/relevant videos/DVDs				h. Air differential opening
			b. Working equipment				i. At least 2 critical barriers
			c. Legible/understandable overhead slides				j. Removal substrate present
<b>4. Equipment, Supplies</b>							k. Removal substrate has cracks, crevices, and/or rough surfaces
			a. Air differential unit (1)				l. Other:
			b. HEPA vacuum (1)				m. Other:
			c. Amended water applicators (5)				
			d. 6 mil waste bags, properly labeled (1 case)				<b>6. Total sq. footage of simulated surfacing asbestos material:</b> _____
			e. Disposable clothing (1 case)				
			f. Glovebags (1 case)				<b>7. Type of simulated surfacing asbestos material:</b> _____
			g. Duct tape (1 case)				
			h. Ladders (2)				<b>8. Total linear feet of simulated asbestos material for glovebag:</b> _____
			i. Scaffolds (1)				
			j. Specialized abatement tools				<b>9. Number of simultaneous glovebag operations:</b> _____
			k. Ground fault circuit interrupters (3)				

<b>10. Brands of Respirators Used</b>		<b>Brand 1:</b>	<b>Brand 2:</b>
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Amount	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	
Brand 1									
Brand 2									

Comments		Inspection Results <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditionally Satisfactory (see comments)			Maximum No. of Trainees	
Name of Inspector (Print)		Signature of Inspector			Date	
Name and Title of Training Agency Representative (Print)		Signature of Training Agency Representative			Date	