

**ASBESTOS TRAINING COURSE PROPOSAL CHECKLIST
(Continued)**

Name of Training Agency	Date
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8:60-6.3(a)8.

List the types, brand name and quantities of respirators to be used to demonstrate fit test or flow test:

<u>Type</u>	<u>Brand Name</u>	<u>Quantity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8:60-6.3(a)9.

List a description of the type and quantity of protective clothing to be used during practice exercises and demonstrations (use an additional sheet of paper if necessary):

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8:60-6.3(a)10.

List a description and quantities of the materials to be used for hands-on practice exercises and demonstrations including, but not limited to, hand tools, ladders, scaffolding, plastic sheeting and other barrier construction supplies, air filtration units, water spray devices, decontamination facilities, simulated asbestos material and, where appropriate, Material Safety Data Sheets (use an additional sheet of paper if necessary):

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8:60-6.3(a)11.

Attach a statement explaining any restrictions on attendance, such as English only or other language to be used.

8:60-6.3(a)12.

All training course materials, examinations and related course literature for non-English courses must be translated into the language of the course. A copy of the translated materials with written assurance that the translation is accurate and valid must be included. Note: Only the worker course may be taught in a foreign language.

8:60-6.3(a)13.

What is your instructor-to-student ratio for hands-on training?
(Note: Minimum ratio shall be no greater than 10 students for one instructor.): _____

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(Continued)**

Name of Training Agency	Date
<input type="checkbox"/> 8:60-6.3(a)14. Must provide evidence that a no-smoking policy shall be established, maintained and enforced during all aspects of the training.	
<input type="checkbox"/> 8:60-6.3(a)15. If applicable, attach a copy of valid training agency certification previously issued by the NJDHSS pursuant to <u>N.J.A.C. 8:60</u> .	
<input type="checkbox"/> 8:60-6.3(a)16. Attach a copy of the written examination(s) to be administered to the trainees by your training agency. Also include the performance procedures used to validate your examination.	
<p><i>All materials submitted as part of the application must be typewritten or machine printed. The applicant shall be required to successfully pass a pre-commencement inspection of the training facility(ies) conducted by representatives of the Department. The applicant shall notify the Department immediately in writing of any change(s) in the application information occurring either prior to or after the issuance of certification.</i></p>	
Name of Person Completing This Form (<i>Print</i>):	
Title	
Signature	Date