

Facility Inspection Worksheet – Lead

Name of Training Agency			Training Agency No.	Date of Inspection
Street Address			Courses agency applied/approved for:	
City	State	Zip	<u>Housing & Public Buildings</u>	<u>Comm. Bldgs. & Superstructures</u>
Telephone ()	Fax ()		<input type="checkbox"/> Worker	<input type="checkbox"/> Worker
			<input type="checkbox"/> Supervisor	<input type="checkbox"/> Supervisor
			<input type="checkbox"/> Insp./Risk Assessor	
			<input type="checkbox"/> Planner/Project Designer	

Type of Inspection

Pre-Certification Add New Facility Renovated 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.

Yes	No	N/A	Description	Yes	No	N/A	Description
			1. Training Information Record (EHS-9)				4. Equipment, supplies (cont'd)
			a. Secure (locked) location				f. Air filtration differential unit (1)
			b. Account log of forms				g. Duct tape (1 case)
			c. Other:				h. Ladders (2)
			2. Classroom				i. Scaffolds (1)
			a. Adequate size for (no.) _____ trainees				j. Solvent strippers (2 types)
			b. Adequate lighting				k. Ground fault circuit interrupters (3)
			c. Writing surface (desks, tables, etc.)				l. Warning signs (5)
			d. Adequate seating (see no. in 2. a.)				m. 6 ml poly sheeting (1 case)
			e. Adequate ventilation				n. Encapsulants (paint, cloth, barrier)
			f. Comfortable temperature				o. Caulk gun and caulk (2)
			g. Acceptable background noise				p. Heat gun (1)
			h. Other:				q. Screw gun (2)
			3. Audio Visual				r. Trisodium phosphate/other cleaning products
			a. Up-to-date/relevant videos/DVDs				5. Hands-on training area
			b. Working equipment				a. Adequate size (see no. in 2.a.)
			c. Legible/understandable overhead slides				b. Adequate lighting
			4. Equipment, supplies				c. Adequate ventilation
			a. Pry bars (5 varied sizes)				d. comfortable temperature
			b. HEPA vacuum (1)				e. Decon system (per applicable regulations)
			c. Scrapers (25)				f. Adequate airlock widths
			d. 6 mil waste bags, solvent resistant (1 case)				g. Three-flap airlock system
			e. Disposable clothing (1 case)				h. Air differential opening

Facility Inspection Worksheet (cont'd)

			5. Hands-on training area (cont'd)				7. Sampling items
			i. Critical barriers (per applicable regulations)				a. Direct reading XRF and/or spectrum analyzer (1)
			j. Removal substrate (must include....)				b. Swab analysis kit (5)
			k. Site security items				c. Sample containers (20)
			6. Safety items for hands-on				d. Wipes (1 container)
			a. Material Safety Data Sheets (as applicable)				e. Vacuum sampler & collection medium (5)
			b. Emergency numbers				f. Air pump (5)
			c. Eye wash (1)				g. Air sampling cassettes (case)
			d. Fire extinguisher (1)				8. Total sq. footage of simulated surfacing asbestos material:
			e. Eye protection (10)				9. Type of simulated surfacing asbestos material:
			f. Hard hats (10)				10. Total linear feet of simulated asbestos material for glovebag:
			g. Solvent resistant gloves (1 case)				11. Number of simultaneous glovebag operations:

12. Miscellaneous Hands-on items

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13. Brands and quantities of respirators used:

Brand 1:	Brand 2:
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Number of Respirators by Type Quantities

<i>Type of Respirator</i>	<i>Amt. Brand 1</i>	<i>Amt. Brand 2</i>	<i>Type of Respirator</i>	<i>Amt. Brand 1</i>	<i>Amt. Brand 2</i>
a. Type "C" Supplied Air			d. Half face: Small Medium Large		
b. PAPR					
c. Full face: Small Medium Large				e. Other:	

14. Comments

inspection Results: [] Satisfactory [] Unsatisfactory [] Conditionally satisfactory, see comments	Max. No. of Trainees:	
	Initial Crs.	Refresher Crs.

Inspector (print)	Inspector Signature	Date
Training agency representative (print)	Training agency representative signature	Title