STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Training Course Completion List

(The training provider shall submit this information to DPH within 30 days of the conclusion of the course, in accordance with §20-440-8(b)(2), "Training provider administrative tasks and certification requirements,"§20-477(g)(2), "Training Courses,"(Regulations of CT State Agencies))

TRAINING COURSE: _____ **INITIAL** _____ **REFRESHER**

ASBESTOS COURSES: ___ Worker ___ Supervisor ___ Project Monitor ___ Project Designer ___ Inspector ___ Mgmt Planner

LEAD COURSES: ___Worker ___ Supervisor ___ Planner-Project Designer ___ Inspector ___ Inspector Risk Assessor

TRAINING PROVIDER: _____ **TELEPHONE NUMBER:** _____

COURSE LOCATION: _____ **COURSE DATES:** _____

PRINCIPAL INSTRUCTOR: _____

TRAINING COURSE PARTICIPANTS

NAME	ADDRESS	TELEPHONE	CERTIFICATION #

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