



On-the-job Training Form Renovation, Repair, and Painting



Firm Name: _____

Firm License Number: _____

Certified Renovator: _____

Renovator License Number: _____

Worker Name: _____

Date: _____

Project Address: _____

Training Topics Covered	Y/N	Time Spent (minutes)	Classroom or On-the-job?
Presume the job involves lead based paint.	<input type="checkbox"/>		
Set it up safely	<input type="checkbox"/>		
Protect yourself	<input type="checkbox"/>		
Minimize the dust	<input type="checkbox"/>		
Leave the work area clean	<input type="checkbox"/>		
Control the waste	<input type="checkbox"/>		
Verify work completion with the cleaning verification	<input type="checkbox"/>		
Kansas specific regulations and prohibited practices	<input type="checkbox"/>		

Certification: (I certify under penalty of law that the foregoing is true and correct to the best of my knowledge and that I have examined all documents and records associated with this renovation project and that they are consistent with provisions of 40 CFR 745 et seq. and K.A.R. 28-72-01 et seq.)

Signature of Certified Renovator:	Date:
Signature of non-certified worker:	Date:
Signature of Representative of Renovation Firm (if different):	Date: