**Lead Sampling Technician - Initial - Hands-on Skills Assessment Tracking**

**Instructions:** Initial under each student’s name to document their successful completion of each hands-on skill activity. Sign on Page 2.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training Provider:** Click or tap here to enter text.**Class Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Hands-On Activity** | **Student Name** |  |  |  |  |  |  |  |  |
| 1. Collect a paint chip sample.
 |  |  |  |  |  |  |  |  |  |
| 1. Collect a soil sample.
 |  |  |  |  |  |  |  |  |  |
| 1. Conduct visual inspection. Record the results on the visual inspection form.
 |  |  |  |  |  |  |  |  |  |
| 1. Collect a dust wipe sample from a sill.
 |  |  |  |  |  |  |  |  |  |
| 1. Collect a dust wipe sample from a trough.
 |  |  |  |  |  |  |  |  |  |
| 1. Collect a dust wipe sample from a floor.
 |  |  |  |  |  |  |  |  |  |
| 1. Select an accredited lab and complete a chain-of-custody form.
 |  |  |  |  |  |  |  |  |  |
| 1. Interpret lab analysis results using clearance standards.
 |  |  |  |  |  |  |  |  |  |
| 1. Write a clearance report.
 |  |  |  |  |  |  |  |  |  |
| Optional: Click or tap here to describe additional activity, or delete row. |  |  |  |  |  |  |  |  |  |
| Optional: Click or tap here to describe additional activity, or delete row. |  |  |  |  |  |  |  |  |  |
| Optional: Click or tap here to describe additional activity, or delete row. |  |  |  |  |  |  |  |  |  |

**Principal Instructor**

My initials on Page 1 document my assessment of each indicated student’s successful completion of the corresponding hands-on skills activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Instructor Name Principal Instructor Signature Date

**Guest Instructor**

My initials on Page 1 document my assessment of each indicated student’s successful completion of the corresponding hands-on skills activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Instructor Name Guest Instructor Signature Date