MINNESOTA MDH DEPARTMENT OF HEALTH

LEAD TRAINING COURSE DAILY SIGN-IN LOG

Training course provider:_____ Course: _____Course type:□ Initial□ Refresher

Course location: _____

I certify that this training complies with all applicable requirements under Minnesota Rules, Chapter 4761.

Instructor's Signature: _____ Date: _____

NOTE: If any trainee fails to successfully complete the course, cross-out trainee's sign-in row.

Please have each student initial daily in the date column. Submit a copy of the daily sign-in log within 48 hours of completing the training course by fax at 651-201-4606 or mail to: MN Department of Health, Asbestos/Lead Compliance Unit, PO Box 64975, St. Paul, MN 55164-0975.

Print Trainee's Name	Date:	Date:	Date:	Date:	Date:	Diploma Number
	Initial Below	Initial Below	Initial Below	Initial Below	Initial Below	

Training course provider:_____ Course: _____ Page ___ of ___

Print Trainee's Name	Date:	Date:	Date:	Date:	Date:	Diploma Number
	Initial Below	Initial Below	Initial Below	Initial Below	Initial Below	