Contractor/Employee Certification of Worker Training

The use of this form is optional. It can be used after all work is complete to document that workers who worked on the rehabilitation project were properly qualified to do the work.

I, ______________________________ (name), an employee of _______________________ (contractor or organization), certify that the employees listed below, who worked on the building located at ________________________________ (address of property) were properly trained to use safe work practices and perform interim controls on a project known or presumed to have lead-based paint or lead-based paint hazards.

Proper training courses include the following. Each person listed below completed at least one of these courses.

- A lead-based paint abatement supervisor course accredited in accordance with 40 CFR 745.225;
- A lead-based paint abatement worker course accredited in accordance with 40 CFR 745.225;
- The Lead-Based Paint Maintenance Training Program – “Work Smart, Work Wet, and Work Clean to Work Lead Safe,” prepared by the National Environmental Training Association for EPA and HUD;
- The “Remodeler’s and Renovator’s Lead-Based Paint Training Program” developed by HUD and the National Association of the Remodeling Industry;
- “Addressing Lead-Based Paint Hazards during Renovation, Remodeling and Rehabilitation in Federally Owned and Assisted Housing”, HUD’s adaptation of the EPA model curriculum for renovators and remodelors; or
- An equivalent course approved by HUD. _____________________ (Specify title of course.)

Names of Trained Employees

_______________________________________          ________________________________________
______________________________________          ________________________________________
_______________________________________          ________________________________________
_______________________________________          ________________________________________
_______________________________________          ________________________________________

_____________________________  ______________________
Contractor Supervisor Signature    Date

_____________________________  ______________________
Property Owner Signature    Date

_____________________________  ______________________
City of ___________ Representative   Date