

**New York State Department of Health
Asbestos Safety Training Program Notification**

Primary Notification Form

Signature of Individual Sending Notification: _____ Date: _____

Print Name: _____

Training Sponsor: _____	ID # _____
Type of Training: _____	Initial: _____ Refresher: _____ Language: _____
Training Dates ¹ : _____	Time-Day: _____ a.m. to _____ p.m. Evening: _____ p.m. to _____ p.m.
Number of Certificates Requested: _____	
(1) For Inspector and Project Designer, list location of field trip/building walk-through survey:	

Training Location (check one only)
On site: [<input type="checkbox"/>] Satellite Office: [<input type="checkbox"/>] Off-Site ² : [<input type="checkbox"/>] (provide off-site address)

(2) If off-site training box is checked, attach a description of the facility and include a contact person at that location, phone number , and specific dimensions of both the classroom , and hands-on areas with total available space and seating arrangements. If necessary, include special instructions needed to enter the facility.

Specific to the course identified in this notification of training, identify below those instructors you have scheduled to provide training in the following designated topic areas:
Lead Classroom Instructor: (other than health effects and medical monitoring)

Lead Hands-on Instructor(s):

Health Effects/Medical Monitoring: _____
Legal Liabilities/Insurance: _____

FOR OFFICE USE ONLY:
Certificate Range(s) Sent: _____
Date Certificates Sent: _____ Shipping Label: _____