

LSR WORKERS TRAINING



Date: _____ / _____ / 20_____

Worker's First Name: _____ Last Name: _____

LSR Supervisor's Name: _____ Last Name: _____

LSRS's Certificate Number: _____

Address of the Training: _____

Company: _____

I, _____, certificate number _____,
(LSRS _ certified supervisor name)
certify that _____ was trained on LSR on ____/____/_____.

Topics Covered:

covers basic lead safe practices

Step 1: Determine If the Job Involves Lead-Based Paint

Step 2: Set It Up Safely

Step 3: Protect Yourself

Step 4: Control the Spread of Dust

Step 5: Leave the Work Area Clean

Step 6: Control the Waste

Step 7: Cleaning Verification or Clearance Testing



**This document is provided by
United Safety Net.
If you have any question,
please call us. 978.767.0630
www.UnitedSafetyNet.com**

Certified SUPEVISOR Renovator (signature)

Certified Worker (signature)

All training documentation must be kept for 3 years following completion of the renovation.