

RRPM Firm Name: _____

Project start date: _____

Project address: _____

RRPM Supervisor Name: _____

RRPM Supervisor License Number: _____

Note: On-the-job workers only need to be trained in the RRPM activities that they will be performing.

		Training Provided (check all that apply)						
Name of unlicensed worker	Date Trained	Posting warning signs	Setting up plastic containment barriers	Maintaining containment	Working wet	Avoiding spread of dust to adjacent areas	Waste handling	Post-renovation cleaning