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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-03281A (05/2024) | **STATE OF WISCONSIN**  Wis. Admin Code Ch. DHS 163 | | | |
| **LEAD RECORDKEEPING DESCRIPTION** | | | | |
| Complete this form to describe your recordkeeping description plan under [DHS 163.25(10)](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163/iii/25/10) and include it with your application for lead training course accreditation. | | | | |
| Training Manager Name (Last, First, MI) | | | | |
| Click or tap here to enter text. | | | | |
| Training Company Name  Click or tap here to enter text. | | | | |
| Date of Submission or Last Revised  Click or tap to enter a date. | | | | |
| **Training Course Discipline** | | | **Course Type** |
| Lead Safe Renovation  Lead Inspection  Lead Hazard Investigator/Risk Assessor  Lead Abatement Supervision  Lead Abatement Work  Lead Sampling  Lead Project Design | | | Initial  Refresher |
| **Records to be Kept Under Sec.** [**DHS 163.25(10)(b)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163/iii/25/10/b) | | | | |
| **Example Description:**   1. Copies of the following department-approved course materials: 2. instructor manual 3. student manual, 4. blank course test, 5. test blueprint, 6. all other printed and audiovisual materials used in the course, and 7. documentation of any changes made to any training materials. 8. All scored course tests/answer sheets. 9. A copy of each student’s training diploma and original photo saved in digital format. 10. Documentation of training manager, principal instructor, and guest instructor qualifications, and copies of department-issued principal instructor approvals and guest instructor designations submitted. 11. All original attendance forms signed by students and any other attendance records. 12. The department-approved quality control plan with documentation of activities performed to comply with it. 13. Documentation of hands-on skills assessments completed for each student and signed by the principal instructor.   Any other material submitted to the department as part of the application for accreditation or later at the request of the department to provide a basis for granting accreditation. | | | | |
| **Record Location Under Sec.** [**DHS 163.25(10)(a)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163/iii/25/10/a) | | | | |
| **Example Description:** Records will be stored at our facility in 1234 Any Street, Anycity, WI. Normal business hours for this facility are 8:00 am to 6:30 pm, Monday through Friday, excluding state and federal holidays. Records will be given to the department upon request.  In state trainers and trainings, records should be kept at the principal place of business in Wisconsin. Out of state trainers and trainings, records should be kept at an office location closest to Wisconsin. | | | | |
| **Retention Period Under Sec.** [**DHS 163.25(10)(a)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163/iii/25/10/a) | | | | |
| **Example description:** Records will be kept for a minimum of 3 years and 6 months. For department-approved course materials, the retention period will begin on the date of the last class using those materials. For all other records, the retention period will begin on the date the record was created. | | | | |
| **SIGNATURE —** Training Manager | | Date Signed  Click or tap to enter a date. | | |