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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-03295B (07/2024) | **STATE OF WISCONSIN**Wis. Admin Code ch.159Page 1 of 1 |
| **ASBESTOS COURSE QUALITY CONTROL PLAN** |
| **Instructions:** Complete this form to describe your quality control plan under sec. [DHS 159.22](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/16/c) and DHS [159.22(5)](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/5) . Include this with your application for asbestos training course accreditation. |
| Training Manager Name (Last, First, MI)Click or tap here to enter text. |
| Training Company NameClick or tap here to enter text. |
| Date of Submission or Last RevisedClick or tap to enter a date. |
| **Training Course Discipline** | **Course Type** |
| [ ]  Asbestos Supervisor [ ]  Asbestos Worker [ ]  Asbestos Inspector [ ]  Asbestos Management Planner[ ]  Asbestos Project Designer [ ]  Exterior Asbestos Supervisor [ ]  Exterior Asbestos Worker | [ ]  Initial[ ]  Refresher |
| **How we will make sure training course and personnel comply under sec.** [**DHS 159.22(5)**](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20159.22%285%29) |
| **Click or tap here to enter a description of how your company will ensure that the training course meets all requirements of DHS 159 and course personnel are following all course requirements of DHS 159****Example Description:** As training manager of XYX Company, I will train all new personnel who will have responsibilities regulated under DHS 159 (including but not limited to advertising, registering students for classes, submitting notifications, proctoring course tests, submitting student data, recordkeeping) on what the requirements are that pertain to their work before assigning them those responsibilities. I will also carefully supervise trained personnel until they demonstrate they can reliably fulfill their responsibilities in compliance with DHS 159. I will add company and personnel certification, approval, and accreditation expiration dates to our official company calendar with advanced reminders to verify renewal of these so that no regulated activities are conducted by any entity associated with the company after expiration. I will have a weekly check-in conference call with all course personnel to assure that they have what is needed (including but not limited to ample time to complete work and all equipment and supplies needed for upcoming classes) to fulfill their responsibilities to stay in full compliance. |
| **Up to date training materials and course test under sec.** [**DHS 159.22(5)(a)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/5/a) |
| **Click or tap here to enter a description. Describe how you will review or revise training materials and course test to reflect innovations and changes in the field.** **Example Description:** Annually, between September 15 and December 15, I as training manager will review all written course materials (including course the course test) to verify continued accuracy and identify any needed improvements or updates. On an ongoing basis, I will stay abreast of updates to regulations and state of the art work practices by monitoring communications from DHS and U.S. EPA, as well as environmental and occupational hygiene professional associations. I will review frequently incorrect test questions to make sure they are valid in testing course knowledge and are not worded in a confusing way. If any revisions are needed, I will submit drafts in writing to DHS at least 15 working days in advance of implementing them in a class. |
| **How we will review student course evaluations to make course and instruction improvements under sec.** [**DHS 159.22(5)(b)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/5/b) |
| **Click or tap here to enter a description. Describe how you will take measures to evaluate/review and improve the course and instructor competency****Example Description:** Annually, between January 1 and March 15,I will review all instructors’ performance and evaluations forms filled out by students during the previous calendar year. I will also observe at least two hours of a single training course they are instructing to assure they teach to make sure they are using a variety of teaching methods designed to meet all course learning objectives, including methods that require active participation by the students. I will evaluate the organization of the course as well as the principal instructor’s supervision of any guest instructors for the course. I will aggregate the results of these reviews and include them in the instructor’s annual performance review, which I’ll share with the instructor during an in-person meeting. If improvements are needed, the instructor and I will develop a performance improvement plan, which I will follow up on to assure has the intended impact. |
| **Course test validity, integrity, and security under sec.** [**DHS 159.22(16)**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/16/c) |
| **Click or tap here to enter a description. Describe how you will maintain the validity, integrity, and security of course test.** **Example Description:** At the end of class, after a review of the curriculum, students are required to take the full course test as approved by the Department of Health Services and developed by the training provider to test the learning objectives for the course. At registration, students were asked if they needed any accommodations for completing the course, such as having the test read out loud to them or having a quiet space to test with no distractions. Prior to beginning the test, the instructor will review registration materials to see if any accommodations were needed. Any students requiring accommodations that require them to test separately from the rest of the class (for example, if the instructor needs to read the test to the student) will be asked to wait outside the testing room until the larger group has completed their exams, unless the instructor is able to designate another person from the training company to read the exam to the student in a separate testing room. Also prior to handing out the test, the instructor will inform students of how their training diploma will be issued if they pass with a minimum score of 70% and will briefly explain the retake process for students who do not pass the test so that students who complete the test while others are still testing do not have to have this information explained to them, disrupting others.  The test will be always monitored by the principal instructor who will stay in the testing room to assure no students are using reference materials or communicating with others during the test. The principal instructor will walk around the room to discourage and guard against cheating. The principal instructor will quietly grade the course tests as completed tests are handed in. Students will be required to turn in their course test before their answer sheet will be scored.I will ensure the answer key, scored answer sheets, and copies of the course test are stored securely in our locked file cabinet except during the course test. |
| **Skills assessment validity and integrity under sec.** [**DHS 159.22(12)(a)5**](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/159/iii/22/12/a/5) |
| **Click or tap here to enter a description. Describe how you will ensure the validity of the hands-on skills assessment to analyze the trainees’ performance of skills taught during hands on training.** **Example Description:** I will make sure that all principal instructors perform and document a hands-on skills assessment of each student for each learning objective where hands-on instructional activities are performed. Each learning objective and hands on activity will be reviewed to make sure student understand. As training manager, during the annual training observation, I will take care to assure that I observe the instructor’s hands-on skills assessment process to make sure they have a good system in place for verifying each student successfully completes the skills assessment. |
| **SIGNATURE** — Training Manager | **Date Signed** |
|  | Click or tap to enter a date. |