

# OHIO DEPARTMENT OF HEALTH

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BOB TAFT  
Governor

J. NICK BAIRD, M.D.  
Director of Health

TO: All Asbestos Training Providers

FROM: Mark Needham, Program Administrator *MVN*

SUBJECT: Final Procedures for Completing Prior Notification for Asbestos Training Course (REVISED)

DATE: April 6, 2001

We have updated our procedures for completing the *Prior Notification for Asbestos Training Course* form in order to provide clarification for those who are required to submit the form. The purpose of the notification form is to create a standard and consistent way for training providers to notify the Ohio Department of Health (ODH) of upcoming asbestos training courses as required by Chapter 3701-34-7(J)(6) of the Ohio Administrative Code. In addition, this will make tracking of these courses easier for the ODH. Please refer to the attached notification while reviewing this memorandum. **Any computer reproductions of this form will not be accepted unless approved by ODH.** The following is a line by line explanation of the notification form:

**Please note that the Asbestos Program fax number is (614) 752-4157.**

**Line 1 -** Original notifications may be sent to the Asbestos Program at the address shown on the application *or* may be faxed to the Asbestos Program at the number above. Please do not submit original notifications via facsimile and follow up with the original in the mail, this situation may cause data entry errors.

**Line 2 -** Original notifications sent through the mail must be post marked at least ten (10) business days (**Monday – Friday, including holidays**) prior to the start date of the training course. Original notifications that are faxed must be received at least ten (10) business days prior to the start date of the training course. A separate original prior notification form must be submitted for each scheduled asbestos training course.

**Line 3 -** Types of Notifications

Original - This is the first notification submitted for a scheduled training course.

Cancellation - ODH must be notified of all training course cancellations before the start date listed on the original notification. This may be done verbally but must be followed up in writing on a notification form. Cancellations should be

made at least one (1) business day/ twenty-four (24) hours prior to the start date/time listed on the notification. (ODH recognizes that in some instances, cancellation of the training course may not be possible until the morning of the training course due to the absence of enrolled/expected students. In this situation, the cancellation should be made as soon as possible on the start date of the training course.)

Revision - Revisions must be submitted in a timely manner for any change which would render the information on the original notification no longer valid. The information being changed on the revised notification needs to be clearly indicated. An ascending revision number must be entered in the space located next to the revision box to enable the ODH to more efficiently keep track of which revision to use when doing audits. Notifications are kept as permanent public record, therefore, revisions are required to keep these records valid.

**Revisions and cancellations may be faxed to ODH at (614) 752-4157 and do not need to be followed up in the mail.**

**Line 4** - Please provide all requested information regarding the training provider.

**Line 5** - Please provide the ODH approved course number, course expiration date, and mark the corresponding name of the training course in the box provided. (Be sure to use correct/current course numbers and expiration dates.)

**Line 6** - Please provide *only* the names of the approved instructors who will be participating during the scheduled training course. Names may be added or deleted any time up to or during the course. All instructors must be ODH approved.

**Line 7** - Please provide the exact location of the training course. If the location is not known far enough in advance, a revision containing the exact location must be submitted at least three (3) business days prior to the start date listed on the notification.

**Line 8** - The "Hours of operation" box is referring to the training course times (i.e. 8:00 am – 4:00 pm), not the number of hours in the training course (i.e. 8 hours).

**\*\*Note:** The *Ohio Department of Health Prior Notification of Asbestos Training Course* form became effective on June 1, 1999. All training courses that are scheduled to start on or after June 14, 1999 must notify ODH using this form. Any computer reproductions of this form will not be accepted unless prior approval is granted by ODH.

Hopefully this letter and the enclosed form will remedy the notification problems we have experienced in the past. If you have any questions or comments regarding the notification form or the notification process, please contact Josh Koch or me at (614) 466-0061.

Postmark	Date Received	Notification No.
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## Ohio Department of Health Prior Notification of Asbestos Training Course

Read carefully all the instructions and questions prior to completing the notification form

1. Notifications shall be typed and sent to the Ohio Department of Health, attn: Asbestos Program, 246 North High Street, P.O. Box 118, Columbus, Ohio 43266-0118.
2. Any provider of an approved asbestos training course within the state of Ohio shall notify the Director, in writing, at least ten business days prior to the start of any approved training course as required by Chapter 3701-34 of the Ohio Administrative Code.
3. Type of notification:     original     cancellation    revision # \_\_\_\_\_

4. Name of training provider		
Address		
City	State	ZIP
Director	Telephone No.	

5. Course No.	Name of training course	Initial	Refresher
Expires	Asbestos Hazard Abatement Worker (AHAW)	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos Hazard Abatement Specialist (AHAS)	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos Hazard Evaluation Specialist (AHES)	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos Hazard Abatement Project Designer (AHPD)	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos Hazard Abatement Air Monitoring Technician (AAMT)	<input type="checkbox"/>	<input type="checkbox"/>

6. Training course instructors
_____
_____

7. Location of training course	
Address	
City	State
Site Location ( <i>specific</i> )	

8. Training course dates	Completion	Hours of operation
Start		

9. Name of person filing this notice	Date