



**Illinois**  
**Environmental Protection Agency**

Illinois EPA – Operator Certification  
BOW/CAS#19  
1021 North Grand Avenue East, PO Box 19276  
Springfield, Illinois 62794-9276 Telephone 217-785-0561



**OPERATOR TRAINING FORM**

Operator Name *(please print)*

Water Operator 9-digit ID Number (not Social Security Number)

*Course ID Number <b>17190</b>	Name of Company or Organization Providing Training IRWA, Dr. Ann St. Amand, PhycoTech, Inc		Course Training Name DCT Harmful Cyanobacteria Bloom Workshop
Date(s) of Training 4/13/2022 4/21/2022	Hours/Minutes 1.0 / 30 minutes	City (Where Training Occurred) Webinar: <a href="https://illinois.webex.com/illinois/j.php?RGID=rdd64ab8e36b47187aa8cb94048d46f11">https://illinois.webex.com/illinois/j.php?RGID=rdd64ab8e36b47187aa8cb94048d46f11</a> <a href="https://illinois.webex.com/illinois/j.php?RGID=rdc2debcee0e8ca3bfd44b38c39b8fbd">https://illinois.webex.com/illinois/j.php?RGID=rdc2debcee0e8ca3bfd44b38c39b8fbd</a>	
Provide summary of drinking water related training: The Illinois Environmental Protection Agency (Illinois EPA) Surface Water Section invites you to attend a virtual Harmful Cyanobacteria Bloom (HCB) workshop featuring Dr. Ann St.Amand, a leading authority on algae ecology and taxonomy. In this workshop, Dr. St. Amand will provide an introduction to algae, discuss cyanobacteria bloom characteristics and toxins they produce, and demonstrate proper sample collection, using the Rapid HAB Kit, for cyanobacteria species identification and enumeration by PhycoTech, Inc.			

*\*Effective 7/1/2012, you must include Course ID Number on this form or it will be returned. Until 7/1/2012, if not known, leave blank.*

*Course ID Number	Name of Company or Organization Providing Training		Course Training Name
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	
Provide summary of drinking water related training: Provide information on the risk and occurrence of water bourne pathogens with emphasis on Legionella.			

*\*Effective 7/1/2012, you must include Course ID Number or this form or it will be returned. Until 7/1/2012, if not known, leave blank.*

*Course ID Number	Name of Company or Organization Providing Training	Course Training Name
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)
Provide summary of drinking water related training: Provide information on compliance with the Risk and Resilience and Emergency Response Planning Requirements of the America's Water Infrastructure Act of 2018.		

*\*Effective 7/1/2012, you must include Course ID Number or this form or it will be returned. Until 7/1/2012, if not known, leave blank.*

*Course ID Number	Name of Company or Organization Providing Training	Course Training Name
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)
Provide summary of drinking water related training: What type of disinfectant water systems are actually using and how they can be sure.		

*\*Effective 7/1/2012, you must include Course ID Number or this form or it will be returned. Until 7/1/2012, if not known, leave blank.*

I certify that the above information is true and accurate and that I have successfully completed the above listed training. I understand that proof of training records must be maintained by me for a period of four years. I further acknowledge that falsification of this form or any form used in the certificate renewal process may result in denial of certificate renewal or restoration and is a cause of certificate revocation and/or suspension. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_