

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	Name of Company or Organization Providing Training		Course Training Name	
20755	EPA Water Infrastructure and Cyber Resilience Division		WWT/How to Prepare Your Wastewater Utility for Disasters-Ice Storm and Cybersecurity Scenarios	
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)	<u>.</u>	
08/28/2024	90 MINUTES		Virtual - Meeting Registration - Zoom (zoomgov.com)	
Provide summary of wastewater/drinking water related training: This webinar will: 1) Demonstrate how to use EPA's new Small System Risk and Resilience Assessment (RRA) Checklist for Wastewater Utilities using ice storm and cybersecurity scenarios, 2) Demonstrate how to use EPA's Emergency Response Plan (ERP) Template for Wastewater Utilities, 3) Provide information on a new opportunity where small wastewater system operators may be eligible to earn Continuing Education Units (CEUs) for creating an RRA and ERP.				
*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.				
Logitify that the above information	on is true and accurate and	that I have successfully completed th	e above listed training. I understand that proof of training records must be	
maintained by me for a period of certificate renewal or restoration	four years. I further ackn and is a cause of certificat	owledge that falsification of this form e revocation and/or suspension. Any	or any form used in the certificate renewal process may result in denial of person who knowingly makes a false, fictitious, or fraudulent material uent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature:		Date:	Daytime Phone:	