

Water Distribution Workshop

Reporting Contact Hours for Compliance

OEPA-B8824043-OM (0.75hrs)

December 9, 2015

Curtis L. Truss Jr.

OTCO Executive Director





“Do not allow your legal requirements for continuing education be mistaken for your continuing education.”



2001

2002

2003

2004



OTCO is a non-profit (501(c)(3) created in 1964. Governed by a Board of Trustees and functions day-to-day under the direction of an Executive Director and staff.

OBJECTIVE

“The purpose or purposes for which said corporation is formed are training of water & wastewater works operators; collecting and disseminating information on water and wastewater works operation; and doing any and all things necessary or incident thereto.”

MISSION

The primary focus of the Operator Training Committee of Ohio, Inc. is to design, develop, and deliver various types of training programs for individuals in water and wastewater utility occupation, in business, industrial, and government.





USEPA REGION 5

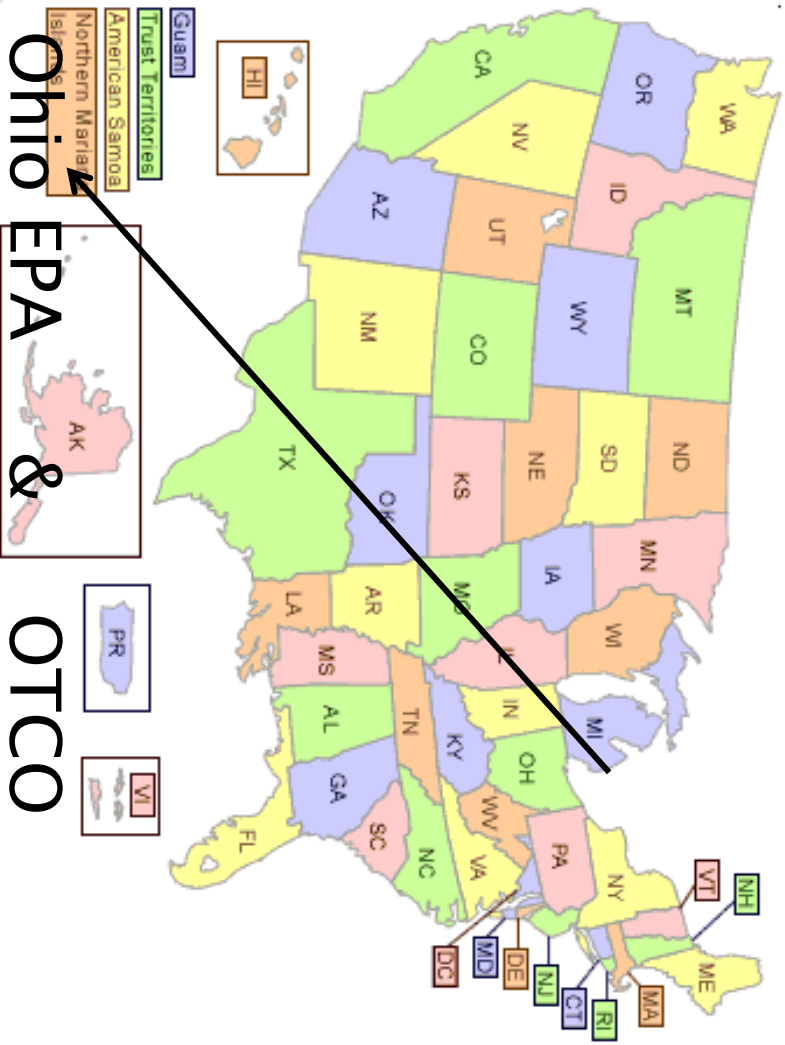
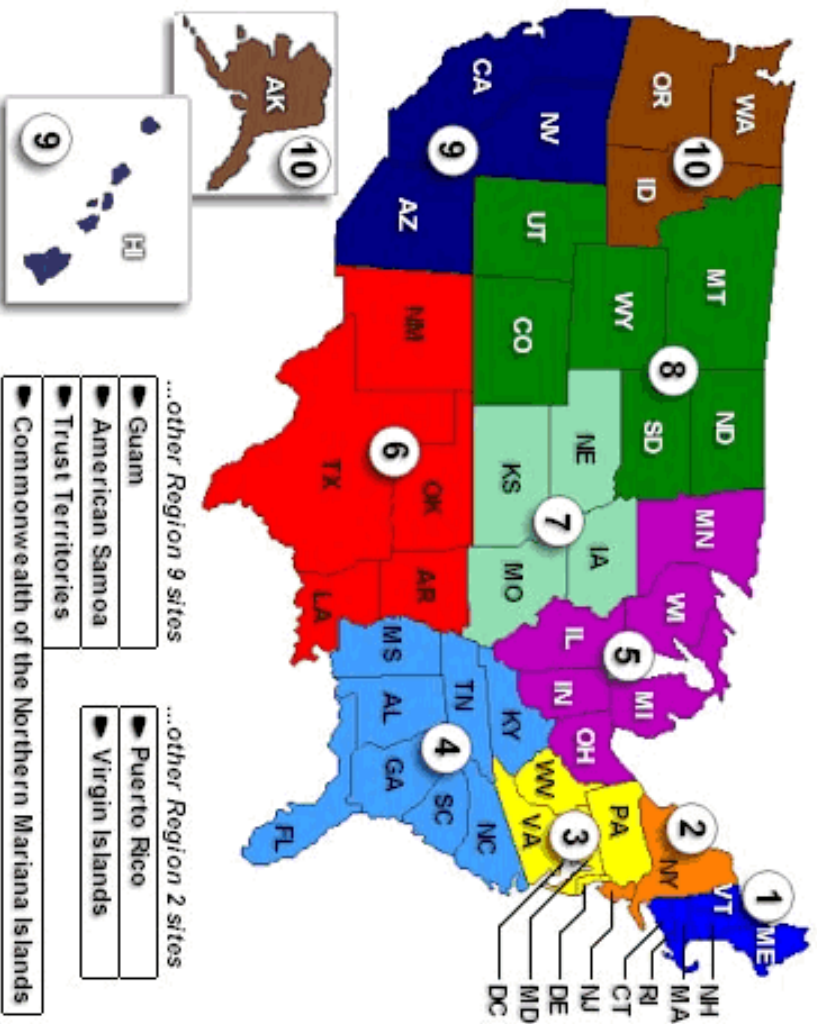
ENVIRONMENTAL TRAINING CENTER

(80's Section 109(b) Clean Water Act)

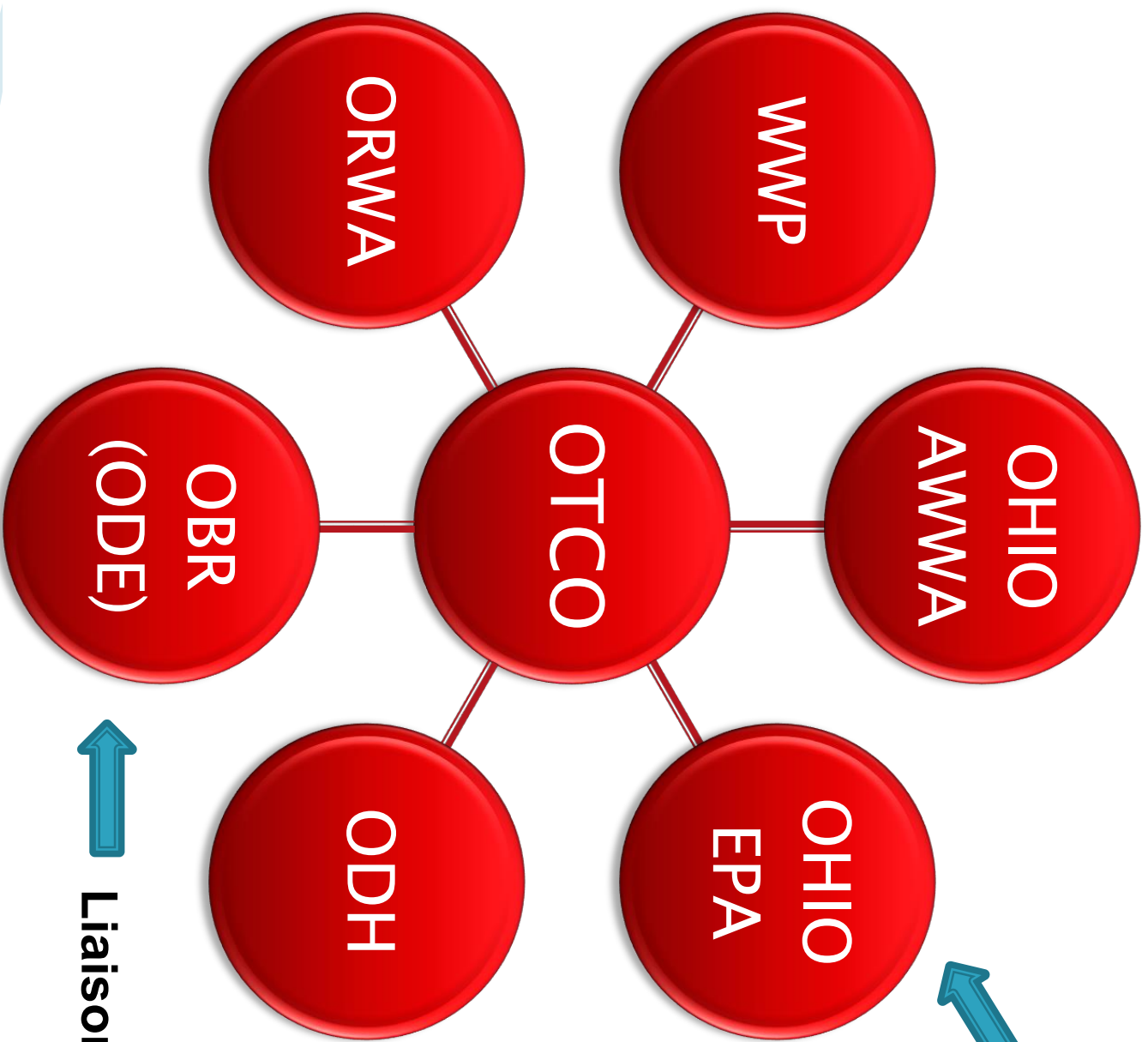


USEPA

Drinking Water Academy



OTCO's Board of Trustees & Liaisons



Liaison (2)
(1) Water
(1) Wastewater

Liaison (1)



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3972 Indianola Ave * Columbus OH 43214 * (614) 268-6826 * (614) 268-3244 fax * otco@ohiowater.org

CONTACT HOUR FORM
OPERATOR TRAINING COMMITTEE OF OHIO, INC.

2/14

Training Event Name: _____ Date: ____/____/____

WRITE THE TITLE OF EACH PRESENTATION, TIME, CONTACT HOURS, RATING, AND COMMENT BELOW.
COMPLETED FORM MUST BE RETURNED ON-SITE BY INDIVIDUAL COMPLETING THIS FORM.
KEEP BOTTOM COPY FOR YOUR RECORDS. RETURN TOP COPY TO TRAINING PROVIDER ON-SITE
{For ratings, 1 = low and 10 = high}

#1 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#7 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>
#2 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#8 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>
#3 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#9 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>
#4 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#10 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>
#5 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#11 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>
#6 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>	#12 Presentation: _____ Time: ____ : ____ : ____ Contact Hours: ____ : ____ Rating: ____ Comment: _____	<i>To indicate attendance, initial below</i>

ADDITIONAL COMMENTS: _____

SUGGESTIONS FOR FUTURE WORKSHOP TOPICS: _____

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THE FOLLOWING INFORMATION IS REQUIRED IF YOU DESIRE TO RECEIVE CONTACT HOURS. BEFORE SIGNING, PLEASE READ THE FOLLOWING QUOTE FROM THE OHIO ADMINISTRATIVE CODE #3745-7-12: Suspension Or Revocation Of Certification

(A) The director may suspend or revoke the certification(s) of an operator, issued under this chapter, upon finding that the operator has:

- 1) Fraudulently obtained or attempted to obtain any certification or renewal thereof, or 2) Performed the duties of an operator in a grossly negligent or incompetent manner, or 3) Knowingly or negligently submitted misleading, inaccurate, or false reports to the Ohio EPA, or 4) Operated in a manner endangering the public health or welfare, or 5) Violated or caused to be violated any of Chapter 6109. or 6111. Of the Revised Code.

I AM A (CHECK ALL THAT APPLY): | CERTIFIED OEPA OPERATOR | SANITARIAN | PROFESSIONAL ENGINEER

OTCO STUDENT ID#: _____ NAME (print): _____

EMPLOYER: _____

PHONE: (_____) _____ - _____ EMAIL: _____

SIGNATURE x _____

DATE: ____ / ____ / ____

Contact hours for this event will be included in your OTCO Student Transcript at: www.ohiowater.org

FOR OFFICE USE ONLY

Training Provider Verification by: _____



TRADEMARK OFFICIAL
CONTACT HOUR CARD





- 1) Use OEPA Renewal Form
- 2) ebusiness Center
<https://ebiz.epa.ohio.gov/>
- 3) Use OTCO Student Transcript
<https://www.otco.org/student-transcript.html>
- 4) Use OTCO Contact Hour Form

