

OPERATOR TRAINING REPORT FORM

ss. 281.17(3), 285.51, 289.31(1) to (8), Wis. Stats.
Form 4400-190 Rev. 4-98

Note: Personally identifiable information on this form is not intended to be used for any other purpose.

Applicant's Name (Last, First, MI) _____ Cert. # _____ ()
Work Phone _____

(√) Check Area Certified

- Wastewater Water Supply Septage Hauler Incinerator Landfill

INSTRUCTIONS:

- A) Enter the reported Training Time Period and Number of Hours attended.
- B) Enter the specific Training Subject material covered in the training.
- C) Enter the name of the book, video, and/or Training Materials used.
- D) Write a Summary of what was learned from this reported training.
- E) Sign, Date, and attach a copy of the specific Meeting Outline and Proof of Attendance documentation.

A) TRAINING PERIOD: _____ NUMBER OF HOURS ATTENDED _____
Date (s)

B) SPECIFIC SUBJECT MATTER COVERED: (Print or Type)

C) NAME OF THE BOOK, VIDEO, AND/OR TRAINING MATERIALS: (Print or Type)
