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| **small fact sheet logo** | Massachusetts Department of Environmental Protection  Bureau of Water Resources - Drinking Water Program | Form: **STAFF-PLAN-TP** |
| Public Water System Staffing and Comprehensive Operations Plan  Treatment Plant Staffing  310 CMR 22.11B Public Water Systems Certified Operator Staffing Requirements | |

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| **\* Indicates**  **required field** | | | | | | | | Instructions | | | | | | | | | | | | | | | | | | | | | |
| This form is part of the STAFF-PLAN form. Complete this form for each treatment plant. | | | | | | | | | | | | | | | | | | | | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | | | | | | | | 1. Treatment Plant Information | | | | | | | | | | | | | | | | | | | | | |
| Treatment Plant ID # **\*** | | | | | | | | | | Treatment Plant Name **\*** | | | | | | | | | | | |
| Treatment Plant Class **\*** | | | | | | | | |  | | | | | | | | |  | | | |
| 1. Primary Treatment Plant Operator Information | | | | | | | | | | | | | | | | | | | | | |
| 1. The Primary Operator must be able to respond to emergencies within one hour during those times when they are not present at the facility. 2. The Primary Operator is responsible for the operation of the system during their absence between scheduled visits. The person(s) affiliated with the Public Water System are acting under the direction of the Primary Operator. 3. The Public Water System must have the ability to detect any malfunction in the operation of the facility/system in the absence of the Primary Operator. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **(A)** | | | | | Primary Treatment Operator Full Name **\*** | | | | | | Position/Title **\*** | | | | | License # & Grade **\*** | | | | OIT/Full **\*** | |
| 1. Secondary Treatment Plant Operators Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all secondary treatment operators below. Only include the operator’s highest Treatment Grade license. If you have more than four (4) secondary treatment operators, download as many *Treatment Plant Staffing - Secondary Treatment Operators* (STAFF-PLAN-TP-ATTACH-1) sheets as necessary from the MassDEP website at <https://mass.gov/doc/staffing-and-comprehensive-operations-plan-form-id-staff-plan-tp-attach-1/>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(B)** | | | Secondary Treatment Operator Full Name | | | | | | | | | | | | | | Position/Title | | | | | | License # & Grade | | | | | OIT/Full | |
| **(C)** | | | Secondary Treatment Operator Full Name | | | | | | | | | | | | | | Position/Title | | | | | | License # & Grade | | | | | OIT/Full | |
| **(D)** | | | Secondary Treatment Operator Full Name | | | | | | | | | | | | | | Position/Title | | | | | | License # & Grade | | | | | OIT/Full | |
| **(E)** | | | Secondary Treatment Operator Full Name | | | | | | | | | | | | | | Position/Title | | | | | | License # & Grade | | | | | OIT/Full | |
|  | | | Icon  Description automatically generated | | | | | | I have additional secondary operators reported on one or more STAFF-PLAN-TP-ATTACH-1 forms. (<https://mass.gov/doc/staffing-and-comprehensive-operations-plan-form-id-staff-plan-tp-attach-1/>) | | | | | | | | | | | | | | | # of additional STAFF-PLAN-TP-ATTACH-1 forms | | | | | |
| 1. Treatment Plant Coverage / Staffing Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: The Public Water System may request an exemption to the staffing requirements listed in 310 CMR 22.11B(2) if it can demonstrate to the Department’s satisfaction that it can meet the requirements listed in 310 CMR 22.11B(5)(a) and 310 CMR 22.11B(5)(d) (if applicable). The regulatory daily minimum staffing requirements, per the exemptions listed in 310 CMR 22.11B(5)(e) through (5)(g), are as follows. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Treatment Plant Class** | | | | | | | | | | | | | **Minimum Staffing Requirement** | | | | |  | | **Treatment Plant Class** | | | | | **Minimum Staffing Requirement** | |
| I-T | | | | | | | | | | | | | 4 Hours | | | | | III-T | | | | | 8 Hours | |
| II-T | | | | | | | | | | | | | 4 Hours | | | | | IV-T | | | | | 8 Hours | |
| **The minimum staffing requirements for your Public Water System may vary depending on what is required or approved by the Department based on system complexity and hours of operation**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Identify the automated systems in place. Provide details in Section H - Additional Comments. **\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Fail Safe / Alarms | | | | | | | | | | | | Plant Shut Down | | | | | | | | | |
|  | | | | | | | Autodialer | | | | | | | | | | | | Remote Operation | | | | | | | | | |
|  | | | | | | | Other, describe | | | | | | | | |  | | | | | | | | | | | | |
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| 1. Identify the days when each operator is responsible for the operations of the treatment plant. Any personnel who make decisions regarding the systems process control or operational integrity shall be certified (310 CMR 22.11(B)(1)). If you need to list more operators download as many *Treatment Plant Coverage - Additional* (STAFF-PLAN-TP-ATTACH-2) sheets as necessary from the MassDEP website at <https://mass.gov/doc/staffing-and-comprehensive-operations-plan-form-id-staff-plan-tp-attach-2/download>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | | | Shift Days: | | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | |
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| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | |
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| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | | |
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| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | | |
| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | | |
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| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | | |
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| Operator Full Name | | | | | | | | | | | | | | | | | | | | | Shift Hours | | | | | | | |
|  | | | | Shift Days: | | | | | | | Mon.  Tues.  Wed.  Thu.  Fri.  Sat.  Sun.  Holidays | | | | | | | | | | | | | | | | | |
|  | | | | Icon  Description automatically generated | | | | | | I have additional treatment plant coverages reported on one or more STAFF-PLAN-TP-ATTACH-2 forms. (<https://mass.gov/doc/staffing-and-comprehensive-operations-plan-form-id-staff-plan-tp-attach-2/>) | | | | | | | | | | | | | | | # of additional STAFF-PLAN-TP-ATTACH-2 forms | | | |
| 1. Additional Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | version: 2024-05-28 | | | | | | | | | | | | | | | | | | | | | | | | | | | |