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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Class C Operator’s Name: | | | | | | | | |
| Facility Name: | | | | | | UST Facility ID#: | | |
| Facility Address: | | | | | | Facility Town: | | |
| Trainer Certification:  I certify I am a Class A or B operator. I certify that I have given site-specific training to the above named individual to be a UST Class C operator for the above-named facility in accordance with 310 CMR 80.37(9), including actions to be taken in response to alarms or other indications of emergencies caused by leaks or releases from an underground storage tank system. | | | | | | | | |
| Certification Trainer’s Printed Name: | | | Trainer Signature | | | | **Date:** | |
|  | | | | | | | | |
| This is (Check Box): | | Certification Training | |  | Re-Certification Training | | |  |
| Reason(s) for re-certification training? (Check Box): | | | | | | | | |
| 1. | The emergency procedures at this facility have changed | | | | | | |  |
| 2. | The type or location of the leak detection alarm system have changed | | | | | | |  |
| 3. | The type or location of the emergency shut-off switch has changed | | | | | | |  |
|  | | | | | | | | |
| Trainee Certification:  I certify that I have received site-specific training as a UST Class C operator for the above named facility, including actions to be taken in response to alarms or other indications of emergencies caused by leaks or releases from an underground storage tank system. | | | | | | | | |
| Trainee’s Printed Name: | | | Trainee Signature | | | | **Date:** | |