

PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R3 / 4-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

*The information in this document is confidential according to 327 IAC 8-12-7.6

To ensure proper credit, the Indiana Drinking Water approval number MUST be submitted on this form.

Indiana Drinking Water Approval Number

"PWS <u>G17-6036</u>"

Mail to:

Indiana Department of Environmental Management

OWQ Drinking Water Branch - Mail Code 66-34

100 N. Senate Avenue

Signature of drinking water operator: (Required)

Maximum	Credit	Hours
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Indianapolis, IN 46204-2251			Three (3)	
INSTRUCTIONS: To ensure proper credit, print	legibly			
This form must be completed in order for the attende certification for which you are requesting credit. Mail the original form to IDEM at the above address. accordance with 327 IAC 8-12-7.6. Since this is a form of attendance verification, it is red No credit will be considered when original signatures an	e to get credit. Be sure to record the The Training Provider must retain a quested that this form be distributed e not shown.	copy of the cor	mpleted form for their records in	
Name of certified operator	Mailing address (numb	er and street):		
City:	State:	ZIP code:	Work telephone number:	
Check here if this is a change o	f address.		Home telephone number:	
Title of training course: Online Course: IS-100	Introduction to Incident (Command S	System	
Name of organization offering the course: InWARN	- 4445 Philippide and a second		- 100 transit Milde of trans	
Number of contact hours approved for the course: Three (3)				
CREDIT A	PPLIED TO DRINKING WAT	ER:		
Operator certification number:	Class/Grade:	Expirati	ion Date:	
Operator certification number:	Class/Grade: Expiration Date:		ion Date:	
Operator certification number:	Class/Grade: Expiration Date:		ion Date:	
Operator certification number:	Class/Grade:	Class/Grade: Expiration Date:		
Operator certification number:	Class/Grade:	Class/Grade: Expiration Date:		
Operator certification number:	Class/Grade:	Expirati	ion Date:	
Operator certification number:	Class/Grade:	Expirati	ion Date:	
Operator certification number:	Class/Grade:	Expirati	ion Date:	
te Attended: (Required) Location attended: FEMA online course				
Number of contact hours attended and verified: (Required)				
Signature of instructor or training provider: (Required) Attach a co	opy of FEMA course co	mnletion	certificate	
Altacii a Cl	py of a course co	mpienon	oci illicate	



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R3 / 4-07) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT DRINKING WATER BRANCH

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To ensure proper credit, the Indiana Drinking Water approval number MUST be submitted on this form.

Indiana Drinking Water Approval Number

"PWS_G17-6037

Mail	Indiana Department of Environmental Management	Maximum Credit Hours
to:	OWQ Drinking Water Branch - Mail Code 66-34	
	100 N. Senate Avenue	
	Indianapolis, IN 46204-2251	Three (3)
	maianapolic, 111 40204 2201	111100 (0)

100 N. Senate Avenue					
Indianapolis, IN 46204-2251			Three (3)		
INSTRUCTIONS: To ensure proper credit, print legit	bly				
This form must be completed in order for the attendee to g certification for which you are requesting credit. Mail the original form to IDEM at the above address. The accordance with 327 IAC 8-12-7.6. Since this is a form of attendance verification, it is requested to credit will be considered when original signatures are not seen to the second terms of the seco	et credit. Be sure to red Training Provider must r ed that this form be distr	etain a copy	of the con	npleted form for their records in	
Name of certified operator Mailing address (number and street):					
City:	State:	ZIP o	code:	Work telephone number:	
Check here if this is a change of add	ress.		Video	Home telephone number: ()	
Title of training course: Online Course: IS-200B IC:	S for Single Resc	urces an	ıd Initia	l Action Incidents	
Name of organization offering the course: InWARN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Number of contact hours approved for the course:					
	ED TO DRINKING	WATER:			
Operator certification number:	Class/Grade:		Expiration	on Date:	
Operator certification number:	Class/Grade;		Expiration	n Date:	
Operator certification number:	Class/Grade: Expiration Date:		n Date:		
Operator certification number:	Class/Grade;	******	Expiratio	n Date:	
Operator certification number:	Class/Grade:		Expiratio	n Date:	
Operator certification number:	Class/Grade: Expiration Date:			n Date:	
Operator certification number: Class/Grade: Expiration Date:			n Date:		
Operator certification number:	perator certification number: Class/Grade: Expiration Date:				
Date Attended: (Required) Location attended: FEMA online course					
Number of contact hours attended and verified: (Required)					
Signature of instructor or training provider: (Required)					
Attach a copy of FEMA course completion certificate					
Signature of drinking water operator: (Required)					



PUBLIC WATER SUPPLY DRINKING WATER OPERATOR CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R3 / 4-07) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT DRINKING WATER BRANCH

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To ensure proper credit, the Indiana Drinking Water approval number MUST be submitted on this form.

Indiana Drinking Water Approval Number

"PWS G17-6038"

Mail to:

Indiana Department of Environmental Management

OWQ Drinking Water Branch - Mail Code 66-34

100 N. Senate Avenue

Indianapolis, IN 46204-2251

Maximum Credit Hours

Three (3)

INSTRUC	HONS:	i o ensure	proper	creait,	, print l	egibly	
This form	must he	completed	in order	for the a	ttendee	to act	~

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator	Mailing address (Mailing address (number and street):			
City:	State:	ZIP code:	Work telephone number:		
Check here if this is a chang	Home telephone number:				
Title of training course: Online Course: IS-700A Nat	tional Incident Managem	ıent System (N	IMS), An Introduction		
Name of organization offering the course: InWARN					
Number of contact hours approved for the course: Three (3)					
CREDI	T APPLIED TO DRINKING \	WATER:			
Operator certification number:	Class/Grade:	Ехріга	ition Date:		
Operator certification number:	Class/Grade:	Expira	ition Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Operator certification number:	Class/Grade:	Expira	Expiration Date:		
Date Attended: (Required) Location attended: FEMA online course					
Number of contact hours attended and verified: (Require	d)				
Signature of instructor or training provider: (Required)	· · · · · · · · · · · · · · · · · · ·				
Attach a copy of	FEMA course completion	n certificate			
Signature of drinking water operator: (Required)	-				



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State Form 45674 (R3 / 4-07) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT DRINKING WATER BRANCH

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To ensure proper credit, the Indiana Drinking Water approval number MUST be submitted on this form.

Indiana Drinking Water Approval Number

"PWS **G17-6039**

Mai	
to:	

Indiana Department of Environmental Management

OWQ Drinking Water Branch - Mail Code 66-34

100 N. Senate Avenue

Indianapolis, IN 46204-2251

Maximum Credit Hours

Three (3)

INSTRUCTIONS: To ensure proper credit, print legibly
This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for eac
certification for which you are requesting credit.
Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records i
accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator	Mailing address (number and street):			
City:	State:	ZIP code:	Work telephone number:	
Check here if this is a change of addr	Home telephone number ()			
Title of training course: Online Course: IS-800B Na	itional Respons	se Framework, A	n Introduction	
Name of organization offering the course: InWARN				
Number of contact hours approved for the course: Three (3)				
CREDIT APPLIE	D TO DRINKING	3 WATER:		
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	perator certification number: Class/Grade: Expiration Date		on Date:	
Operator certification number:	Class/Grade: Expiration Date:		on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Operator certification number:	Class/Grade:	Expiration	on Date:	
Date Attended: (Required) Location attended: FEMA online course				
Number of contact hours attended and verified: (Required)			· · · · · · · · · · · · · · · · · · ·	
Signature of instructor or training provider: (Required)	WHAT			
Attach a	a copy of FE	MA course com	pletion certificate	
Signature of drinking water operator: (Required)				