

**Department of Energy and Environmental Protection  
Bureau of Water Protection and Land Reuse**

**Chief, Shift, Process Control Operator, and Direct Responsible Charge Verification Form**

Please complete one copy of this form for each of your wastewater treatment facilities.

<b>FACILITY INFORMATION</b>	Facility Name	1st Shift	2nd Shift	3rd Shift	Other
	Town Name				
	Supervisory Personnel at Facility (Number)				
	Operations Personnel at Facility (Number)				
	Maintenance Personnel at Facility (Number)				
	Total Personnel on Shift				
<b>CHIEF OPERATOR</b>	Operator Name	Certification      Certificate # II    III    IV    IVG (Circle one)			
	Date Appointed Chief Operator:				
	Notes or Comments				
<b>SHIFT OPERATOR</b>	Operator Name	Certification      Certificate # II    III    IV    IVG (Circle one)			
	Date Appointed Shift Operator:      What Shift?				
	Does this operator have the authority to make process control changes? (Circle one) Yes      No				
	<b>Shift Operator's Signature:</b>				
<b>SHIFT OPERATOR</b>	Operator Name	Certification      Certificate # II    III    IV    IVG (Circle one)			
	Date Appointed Shift Operator:      What Shift?				
	Does this operator have the authority to make process control changes? (Circle one) Yes      No				
	<b>Shift Operator's Signature:</b>				
<b>SHIFT OPERATOR</b>	Operator Name	Certification      Certificate # II    III    IV    IVG (Circle one)			
	Date Appointed Shift Operator:      What Shift?				
	Does this operator have the authority to make process control changes? (Circle one) Yes      No				
	<b>Shift Operator's Signature:</b>				
<b>PROCESS CONTROL OPERATOR</b>	Operator Name	Certification      Certificate # II    III    IV    IVG (Circle one)			
	Date Appointed Process Control Operator:      What Shift?				
	<b>Process Control Operator's Signature:</b>				

I hereby certify that the information supplied above contains no willful misrepresentations or falsifications, and that the information is true and complete to the best of my knowledge and belief.

**A new form will be submitted within 14 days of when changes occur to any position noted above.**

Signed \_\_\_\_\_  
Chief Operator      Date

Signed \_\_\_\_\_  
Owner/contractor      Date