



Name of applicant \_\_\_\_\_ S.I.N. \_\_\_\_\_

Facility Working For: \_\_\_\_\_

Operator Classification	Water Distribution	Indicate which operator classification is being applied for.			
		Class I <input type="checkbox"/>	Class II <input type="checkbox"/>	Class III <input type="checkbox"/>	Class IV <input type="checkbox"/>
<b>Mandatory Skills Water and Wastewater Operator Water - Distribution (178)</b>					<b>Employer/Designate Initials</b>
<b>Mandatory for all Classes</b>					
<b>For the purpose of this form, "working knowledge" means that although the candidate may not perform the skill as part of regular work duties, he or she has the necessary skills and knowledge that the skill could be performed if required.</b>					
(a) Working knowledge of safety practices pertaining to the industry (i.e. confined space, traffic control, trenching, underground utility locates, lockout and tagout).					
(b) Working knowledge of principles related to water distribution (i.e. hydraulics, flow, pressure)					
(c) Working knowledge of standards and requirements relating to water quality and water distribution systems.					
(d) Working knowledge of disinfection guidelines and procedures (i.e. American Water Works Association standards 651 and 652)					
(e) Monitor (directly and/or indirectly) and/or repair of water distribution system components (i.e. piping, valves, connections, hydrants)					
(f) Working knowledge of maintenance requirements for distribution systems and components (i.e. flushing programs, valve exercising programs)					
(g) Knowledge of procedures and protocols for emergency response relating to compromised water quality situations.					
(h) Knowledge of the requirements relating to conditions of the Certificate of Approval to Operate (CAO) the water distribution system.					
(i) Interpret drawings and plans to locate distribution system components.					
(j) Complete reports and maintain accurate records.					
(k) Communicates with internal and external personnel.					
(l) Working knowledge of sampling protocol, sampling procedure/calibration of instruments (i.e. chlorine, turbidity, PH)					
<b>Mandatory for Class III and IV only</b>					
(m) Monitor distribution system operation to ensure proper operation and detect problems (i.e. leaks, changes in parameters, Supervisory Control and Data Acquisition (SCADA) monitoring)					
(n) Understand and have the ability to implement disinfection guidelines and procedures (i.e. American Water Works Association standards 651 and 652)					
(o) Have the ability to perform calculations necessary to effectively operate and maintain water distribution systems.					
(p) Detect and analyze cross connection situations in water distribution systems.					
(q) Interpret test results.					
<b>Name and position of individual initialing for mandatory skills:</b>	Name _____			Position _____	

By signing this form, I am attesting that the applicant has been employed with the company indicated for the time specified and has performed the practical skills indicated above, at or above industry standards. I also understand that my support may allow for the candidate to challenge the Certification examination and upon passing will be recognized across Canada as a certified journeyperson.

I recommend that he/she be approved to challenge the certification examination Yes  No

<b>Employer Use Only (Please Print)</b>												
<b>TIME ACCUMULATED PERFORMING THE SCOPE OF THE TRADE AS IDENTIFIED ABOVE</b>												
<i>20% OF THE TIME REQUIRED MUST HAVE BEEN WORKED DURING THE LAST 5 YEARS</i>												
<b>TOTAL HOURS ACCUMULATED</b>			<b>FROM (YYYY/MM/DD)</b>				<b>TO (YYYY/MM/DD)</b>				<b>HOURS DURING THE LAST 5 YEARS</b>	

<b>Name of Employer and Address</b>						<b>Telephone</b>							
<b>City or Town</b>			<b>Province</b>		<b>Postal Code</b>			<b>Cell</b>					
<b>Please print name and position</b>						<b>Fax</b>							
<b>Signature</b>						<b>Email</b>							

<b>For Apprenticeship and Occupational Certification Use Only</b>		
I have confirmed that the employer signing this form for the period(s) indicated above has employed the applicant and that the initials and signature provided are indeed those of the employer or designate.		
AOC Counsellor	Regional Office	Date