



Water Industry Operators Association of Australia

P.O. Box 6012
Shepparton, Victoria 3632

3 Australian Water Industry Operator Certification Scheme Water Treatment Operator CERTIFICATION WORKPLACE EVIDENCE REPORT

To be completed by the most senior technical person responsible for water

VERIFICATION OF OPERATOR EXPERIENCE WITH CURRENT WATER BUSINESS

The most senior technical person responsible for water from the employing Drinking Water Supplier verifies the relevant experience of the certification applicant.

Applicant Name _____

Employer _____

Position Title _____

Employment Period From _____ / _____ To _____ / _____
Month Year Month Year

NAME OF SYSTEM(S) TO BE CERTIFIED FOR

Operator of the following Systems	System Complexity Rating	
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
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_____	<input type="checkbox"/> Low	<input type="checkbox"/> High
_____	<input type="checkbox"/> Low	<input type="checkbox"/> High

OPERATOR EXPERIENCE & COMPETENCE DECLARATION

I endorse that the operator seeking certification is competent to be certified at the System Complexity Rating level(s) sought. I declare that the information contained in this employment statement, or attached by me to this statement, is complete and true to the best of my knowledge and that the applicant; in my opinion, has the experience and is competent to perform the work described therein.

Experience

The applicant has been employed in an operational role for a minimum of:

6 months for a Low Complexity System. Yes No

24 months for a High Complexity System. Yes No

Competence

The applicant can competently operate the water treatment processes for a:

Low Complexity System. Yes No

High Complexity System. Yes No

Name of senior technical person responsible for water from the employing Drinking Water Supplier

Signature of senior technical person responsible for water from the employing Drinking Water Supplier

Date / /
 Date *Month* *Year*