



Water Industry Operators Association of Australia

P.O. Box 6012
Shepparton, Victoria 3632

7 Water Industry Operator Certification Scheme RE-CERTIFICATION WORKPLACE EVIDENCE REPORT Water Treatment Operator

To be completed by a nominated Suitably Qualified Person

Applicant Name _____

Employer _____

Level of Operator Re-Certification Classification Required

- Water Treatment Level 3 Water Treatment Level 4

Name of Plant(s) to be Re-Certified for

VERIFICATION OF OPERATOR EXPERIENCE WITH CURRENT WATER BUSINESS

The Suitably Qualified Person from the employing Water Business is asked to verify recent relevant experience (within the preceding three years) of the re-certification applicant.

Position Title _____

Employment Period From / To /
Month Year Month Year

Plant Name(s)	Role	
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator

Position Title _____

Employment Period From / To /
Month Year Month Year

Plant Name(s)	Role	
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator
_____	<input type="checkbox"/> Assisting Operator	<input type="checkbox"/> Operator

OPERATOR EXPERIENCE, COMPETENCE & PROFESSIONAL DEVELOPMENT DECLARATION

I endorse that the operator seeking re-certification is competent to be certified at the classification 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 2 years in the preceding 3 year period.

Yes No

Competence

The applicant can competently operate the water treatment processes at Microbiological Risk Classification Level 3.

Yes No

The applicant can competently operate the water treatment processes at Microbiological Risk Classification Level 4.

Yes No

Professional Development

I verify the applicant has participated in the professional development activities listed in the application sections of Accredited Training (R02), Non Accredited Training (R03), Other Activities (R04), Significant Workplace Project (R05) and/or Exceptional Activities (R06).

Yes No

Name of Suitably Qualified Person _____

Signature of Suitably Qualified Person _____

Date

____ / ____ / ____
Date Month Year