On-The-Job Practical Training Record Side 1

Name/Title of Training	Date

Location of Training:

Contact Hours (Excluding breaks): **Hours:**

Training Provider /Participating Subject Matter Experts **(see Note A below)**

Print Name(s)	Company	Ph: #	Signature

Instructor qualifications (see Note A)

Learning Objectives: Detail **Attach Detail sheet if available**

Describe how training is directly related to the duties typically performed by an operator:

Demonstrations of competency:

Method: (if applicable:) **Check**: Demo___ Test/Quiz___ Oral/Written Repport___ Project___ Self Assessment___

Note A As defined by the M.O.E. (Guideline No: 4.2) The "training provider" is considered to have expertise in the subject matter by virtue of having one of: Formal education; specific training; or three years of direct experience.

Form created and provided complimentary of the
Ontario Water Operators Training Centre (O.W.O.T.C.)
Toll Free: 1-866-286-9828 / E-mail: info@owotc.com / local 519-255-2870
Web site: www.owotc.com