

Warsaw Regional Workshop

Thursday, November 21, 2019

Total of 6.00 Contact Hours

HELD AT:

Camp Warsaw Retreat Center

818 East Main Street

Warsaw, Ohio 43844

(Directly across from the Post Office)



Operator Training Committee Of Ohio

3972 Indianola Avenue

Columbus, OH 43214

(614) 268-6826 Phone

(614) 268-3244 Fax

www.otco.org

OPERATOR TRAINING COMMITTEE OF OHIO, INC.

3972 Indianola Avenue

Columbus, OH 43214-3158

REGISTRATION FEE: \$150

Registration fees include refreshments, lunch, handouts, and tracking of attendee's training records in the OTCO Student Transcript page. Registrations will be accepted on site but class size is limited.

To register for this event, send your completed registration form by mail, fax, or email to OTCO by November 18, 2019. Once your registration is processed, an email or fax confirmation is forwarded.

PAYMENT

Payment for this event can be made by check, or credit card. In order to invoice your company, a purchase order must accompany registrations.

CANCELLATIONS

No cancellation fee for cancellations received in writing five days before the scheduled event. Cancellations received in the five days before the event is subject to a \$25 per day service charge. Substitutions are permitted however; **NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.**

Send written cancellations to:

Email: otco@otco.org or Fax (614) 268-3244

2019 UPCOMING EVENTS

Water Distribution Workshop

Doubletree by Hilton – Worthington Ohio

November 5 & 6, 2019

12.00 Water Contact Hours

Procrastinator's Workshop

Doubletree by Hilton – Worthington Ohio

December 10 & 11, 2019

12.00 Water & WW Contact Hours

Warsaw Regional Workshop

Agenda

- 7:30am Registration and Coffee
- 7:50am Welcome, Update & Introduction
- 8:00am Operator Certification New Rules Update (OEPA-B442051-OM 1.00)
*Curtis L. Truss, Jr.,
OTCO*
- 9:00am Corrosion Principles (OTCO-B13357-OM 1.00)
*Linda Yafanaro,
Corrpro*
- 10:00am Break
- 10:15am Respiratory Protection (OTCO-B13358-X 1.00)
*Jennifer Scott- Wasilk,
Environmental Health &
Safety Training Consulting*
- 11:15am Lunch (provided)
- 12:00pm Self Priming & Progressive Cavity Pumps (OEPA-B88448593-OM 1.00)
*Matt Glova,
National Pump & Process*
- 1:00pm Break
- 1:15pm Contingency Plan-Mutual Aid Agreements (OTCO-B13076-OM 1.00)
*Pat Antonelli,
OTCO*
- 2:15pm Operators Combating Legionnaires Disease (OEPA-B381845-OM 1.00)
*Mike Maringer,
Quasar*
- 3:15pm Adjourn

Who Should Attend

The Warsaw Regional Workshop is designed for managers, superintendents, plant operators, inspectors, and engineers interested in gaining a better understanding of Safety, Operator Certification, Pumps, and compliance in the water and wastewater operations.

Workshop Overview

Those attending will be presented with information concerning operator certification update, corrosion principles, respiratory protection, self priming & progressive cavity pumps, contingency plan-mutual aid and operators combating legionnaire's disease.

Location

Camp Warsaw Retreat Center
818 East Main Street
Warsaw, Ohio 43844
Directly Across from the Post Office

Contact Hours

The approval numbers for this event are new for 2019 and are not duplicates from previous OTCO presentations.

Contact Hours will be included in the students' official OTCO transcript.

<https://www.otco.org/student-transcript.html>.

OHIO EPA EBIZ

Since September 2017, OTCO has been maintaining your contact hours provided by OTCO in your Ohio EPA Ebiz account.

OTCO REGISTRATION FORM

Warsaw Regional Workshop

November 21, 2019

Registration Fee: \$150
Registration Fee: After Nov. 18, 2019 \$175

OTCO STUDENT ID #:	
FIRST NAME	
LAST NAME	
TITLE	
EMPLOYER	
ADDRESS (1)	
ADDRESS (2)	
CITY	
STATE	ZIP
BUS. TELEPHONE ()	- ext
FAX ()	- (for confirmations)
EMAIL ADDRESS	
Please check & initial if the above information needs to be updated in the OTCO Training Tracking System. <input type="checkbox"/>	
CHECK/MONEY ORDER #	
P.O. #	
<input type="checkbox"/> Please invoice my company	
Charge to my credit card account: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Billing Zip Code	(For security purposes)
CARD NUMBER: 	
NAME ON CARD	
EXP. DATE /	CCV CODE
X _____ CARD HOLDER SIGNATURE	

MAIL OR FAX THE COMPLETED FORM TO

OPERATOR TRAINING COMMITTEE OF OHIO, INC.

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