

**Operator Exchange Form**

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| **General Information** |
| Operator Name: |  |
| Operator Contact Info: |  |
| Certificate Number: |  |
| Name of Hosting Facility: |  |
| Visit Date: |  |
| Host Name(s): |  |
| Host Contact Info: |  |

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| **Preliminary Info (fill this out before visit)** |
| List at least three topics you hope to better understand. |  |
| What are some issues you have struggled with at your own facility? |  |
| How would you like to spend your time during this visit? |  |
| What are you hoping to gain/learn from this experience? |  |
| **Training Info (fill this out after visit)** |
| Time in: |  |
| Time out: |  |
| How did you spend your time at the hosting facility? |  |
| What is the design flow of the facility? |  |
| Describe the process configuration (you may attach a process flow diagram) |  |
| List 3 examples of how the visiting facility differs from your own. |  |
| What process challenges has the visiting facility faced, and how were they dealt with? |  |
| List 3 things that you learned during your visit that you might be able to apply to your own process. |  |
| Are there any issues that are dealt with differently at your facility that could be useful to the visiting facility? |  |
| Do you have any suggestions about how this operator program could be improved in the future? |  |
| Would you or anyone at your facility be interested in hosting an operator to visit your facility? |  |
| Any other comments or notes. |  |
| Visiting Operator Signature: |  | Date: |
| Host Signature: |  | Date: |