



Collections Peer-to-Peer Training Form

General Information	
Operator Name:	
Operator Contact Info:	
License Number:	
Name of Hosting Facility:	
Visit Date:	
Trainer Name(s):	
Trainer Contact Info:	

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 in your own collections system?	
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?

How many pump stations does the facility manage?

Different types of stations? (Suction lift, submersible)

How is sewer cleaning dealt with?

How many CSO's does the facility have?

Do any of the pump stations have chemical addition? If so, what chemical and list the purposes it serves.

What challenges has the hosting facility faced, and how was it dealt with?

<p>Is there any useful equipment you learned about that could be helpful to your facility?</p>	
<p>List the different types of level transducers used.</p>	
<p>Do you have any suggestions about how this training program could be improved in the future?</p>	
<p>Would you or anyone at your facility be interested in providing similar training to others?</p>	
<p>Any other comments or notes.</p>	

<p>Trainee signature:</p>		<p>Date:</p>
<p>Trainer/Host signature:</p>		<p>Date:</p>
<p>Trainee Supervisor signature:</p>		<p>Date:</p>