![](data:application/x-msmetafile;base64,)

**ENVIRONMENTAL SERVICES (OMM)**

ON-THE-JOB TRAINING (OJT) FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. EVENT & TRAINING PROVIDER INFORMATION** | | | | |
| **Course Title:** | | | | **Course Code:**  *(to be added by Training Coordinator)* |
| **Date(s):** | | **Location:** | | **Duration (Hours):** |
| **Training Provider Name:** |  | | **Training Provider Job Title:** | |
| **Add to Training Provider’s Training Records?** Yes No  *(see note below)* | | | **Training is Related to:**  Water Wastewater  *(check all that apply)* | |
| *Note: Instructing OJT can be counted as OJT for the purposes of drinking water certificate renewal* ***once*** *during the 3-year renewal period. By answering “Yes” you are indicating that you would like this session to be added to your training records as the 1-time allowance during your current certificate renewal period. Instructing this session more than once during the same renewal period will* ***not*** *be accepted by OWWCO / MOECC.* | | | | |
| **Training Provider Expertise** *(trainers are required to have obtained one of the following in order to count towards water certificate OJT)***:**  Min. 3 years’ experience in subject matter Formal education on the subject matter Specific training on the subject matter | | | | |

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| --- | --- | --- |
| **B. LEARNING OBJECTIVES & RELATED INFORMATION**  *Learning objectives should state explicitly what learners will know and/or be able to do as a result of participating in the session.* | | |
| By the end of this course, each participant will demonstrate knowledge in or be able to: | Method of Instruction *(check all that apply):* | |
| Practical  Computer | Classroom  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Related Material (ie. Software, Equipment, IMS  Procedures, O&M Manuals, User Manuals, etc): | |
| Related In-Class Training: | |

|  |  |
| --- | --- |
| **C. PARTICIPANTS** | |
| **NAME(S)** | **SIGNATURE(S)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

|  |  |
| --- | --- |
| **D. VERIFICATION OF TRAINING** | |
| How did participants demonstrate learning? *(check all that apply)*  Participated in discussion *(answered questions)*  Demonstration of skills/knowledge *(ie. hands-on)* | Quiz *(attach copies)*  Other *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SIGNATURE OF TRAINING PROVIDER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |