



Course Completion Confirmation

Thanks in Advance!

Help make sure other Operators get useful training by giving information on your experiences with this course.

Note: This form must be completed and submitted to the EOCP for the Operator to obtain CEUs for the course.

Course Information (to be completed by Instructor):

Course Name: *Backflow - Identification and Repair* EOCP Course Number: #####
 Date Course Taught: *Course Date* Location: _____
 Instructor Name: *Instructor Name* Instructor Number: #####
 Operator Name: _____ EOCp Certification Number: _____

Instructor Confirmation of Completion of Course by Operator:

Operator attended entire course Yes No _____
 Operator successfully completed the course Yes No Instructor Signature

Course Evaluation

Course Objectives (to be completed by Operator):

	<i>Were the Objectives Met?</i>	
1) Topic: <i>Causes of Backflow</i> Objectives: <i>Understanding the hydraulics of how backflow occurs</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Topic: <i>Health Aspects</i> Objectives: <i>Gain an appreciation for why backflow prevention is necessary</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Topic: <i>Recommended Backflow Prevention Procedures</i> Objectives: <i>Understand legal and moral obligations associated with backflow prevention</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Topic: <i>Identification</i> Objectives: <i>Identify cross connections and how to correct them</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Would you recommend this course to other Operators? Yes No
 If No, Because? _____

Please rate the instructor: Poor 1 2 3 4 5 Excellent - Because: _____

Please rate the course materials: Poor 1 2 3 4 5 Excellent - Because: _____

Operator Signature

EOCP Certification Number: _____