

Instructor Background And Information Form

| Thank you for filling out this form. | |
|---|---------------------------------|
| Presentation Title: Flood Reponse for Water and Wastewater Open | ators |
| Presenter: Brian Warren Title: | Regulatory Specialist |
| Employer: City of Pendleton Address: 15 | 01 SE Byers Ave. |
| Employer: City of Pendleton Address: | 01 Phone: 541-966-0249 |
| Summary of Lesson content: Flooding is one of the most common hazards in the United States, causing more damage | |
| than any other severe weather-related event. We will be covering flood resilience, flood mitigation and the City of | |
| Pendleton's Emergency Response Plan in the case of a flood. We will also cover Flash Floods and what to do. | |
| Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions. Primary Knowledge/Skills/Abilities related to presentation: Over 20 years experience as a safety officer in public service and in private industry. LEPC 101 trained, FEMA 100-800 trained. | |
| Education (High School, Upgrades, Colleges and Degrees): Tri-County High School (Franklin, MA) | |
| Troy University (Troy, AL) | |
| Professional Registration/Certification: Paramedic for over 15 years, a Safety Officer in public & private sectors, FEMA | |
| 100-800 trained | |
| Related papers/instruction you have presented: Title: 3/12/2024 Date: | CSE Review Class; Pendleton, OR |
| Title: Confined Space Entry Review Date: 3/12/2024 Title Bloodborne Pathogens Date: 4/10/2024 | EVENT: EOOC; Ontario, OR |
| Professional Organizations/Activities: World Safety Organization | Date: 2019-Present |
| LEPC (Umatilla/Morrow County) | Date: 2023-Present |
| Course sponsor: City of Pendleton (Sponsor ID #: 543) | |
| Signature of Instructor: | Date: 7/5/2024 |
| DO NOT WRITE BELOW THIS LINE | |
| Date Evaluated: By: | Approved: Yes No |
| Return Completed Form To: OESAC CEU COMMITTEE Email: info@oesac.org | |

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