



Learning & Talent Management

Course Completion Sign-Off Sheet

State: _____ Course # _____

Employee Name _____

Module 5 Operator Course: Black Hat White Hat, A History of Compliance	Start Date	Completion Date	Minutes to Complete	Supervisor Signature
Course – Learning Objectives			15.00	
Section 1 – Black Hat White Hat Discussion Topics and Explanation			3.10	
Section 2 – Lessons Learned with Wayne Heinemann (WH)			7.50	
Section 3 – WH Situation at Rialto with Chlorine Violation			29.40	
Operator Group 1 – Enactment/Participation, Digging Deeper			15.00	
Section 4 – WH Development of the Environment Management System			11.35	
Section 5 – WH Common Observations			13.50	
Operator Group 2 – Enactment/Participation, Digging Deeper			15.00	
Section 6 – WH Conclusion			4.40	
Section 7 – Keeping the White Hat White			43.03	
Driving the Point Home Enactment/Participation, Digging Deeper			15.00	
Module 5 Final Exam requiring 70% or higher score			30.00	
Evaluation Report – Provide Operator Evaluation			15.00	
Total Hours Awarded for CEU Credit			3.50 TCH	0.35 CEU

I understand that it is encumbant upon me to complete all modules in this Course and that Jacobs verifies and audits the completion of training by employees. My signature indicates that I personally reviewed and completed all portions of this Course and no one has completed any portion of this course on my behalf.

DD/MM/20YY

Employee Signature

Date

#

License /Certification #



Attestation of Completion of Provider Training

I confirm that I have completed all modules in this Operator Course. By accepting below I hereby attest that I have fulfilled the time requirements to earn the full CEU's approved for this Course.

Yes, I accept, and confirm that I have fully reviewed the required information.

I understand that I must save or print a copy of this attestation for my records, and that Jacobs Engineering Group, Inc. will not retain a copy on my behalf.

Yes, I will retain a copy and/or print for my records.

Please indicate when you completed the Course Modules:

Date

Time

Please provide your electronic signature.

First Name

Last Name

Please indicate which organization you are employed by.

Please enter your professional email address.

Thank you for completing the Attestation of Provider Training for Jacobs Engineering Group, Inc.