



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Slide Gates Training Workshop

Presenter: Jerry Wright Title: Training Consultant

Employer: Self Address: PO Box 564

City: Mariposa State: CA Zip: 95338 Phone: 559-303-6775

Summary of Lesson content: Provide all plant personnel with the general knowledge to operate and maintain the equipment. Personnel will understand the functional and technical operation of the equipment, be able to troubleshoot, maintain and repair the equipment and adhere to recommended safety procedures.

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: 30+ years in plant operations and equipment field services

Education (High School, Upgrades, Colleges and Degrees): High School & Bachelors Degree

Professional Registration/Certification: None

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title: _____ Date: _____ Event: _____

Professional Organizations/Activities: _____ Date: _____

_____ Date: _____

Course sponsor: Carollo Engineering, Inc.

Signature of Instructor: [Signature] Date: 6/6/2022

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
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