

Vermont Class C UST Operator Facility Specific Worksheet

The purpose of this worksheet is to document that Class C Operators have been trained on facility-specific underground storage tank (UST) components. This worksheet must be completed at the facility where the Class C Operator will be working to complete the training provided by the online course, 'Fueling Station Safety.' This worksheet must be completed BEFORE the Class C Operator assumes responsibility for responding to emergencies and dispensing a regulated substance.

UST Facility Name _____ UST Facility ID # _____

UST Facility Address _____

- I have shown the Class C Operator the Emergency Shut off Switch.

NOTE: The emergency stop switch shuts off power to all the dispensers and fuel pumps. The emergency stop switch is different from the "Stop" or "All Stop" button on the point-of-sale (POS) console. The emergency stop switch is required by national fire codes. Contact a qualified petroleum storage system service contractor if you cannot locate the emergency stop switch.

- I have shown the Class C Operator the number to use to call the fire department for this facility and posted this number in a clearly visible location.
- I have shown the Class C Operator the list of company people who should be notified in an emergency and posted the list in a clearly visible location.
- I have shown the Class C Operator the tank monitor and provided instructions on how to respond to various alarm messages that may appear on the display.

NOTE: If you do not know how to read the display or what messages to expect if there is a problem with the storage system, look in the tank monitor manual to find this information or call a qualified petroleum system contractor and have him or her explain this information to you.

I have shown the Class C Operator the locations and proper identification of the following items:

- Dispenser
 Hose
 Nozzle
 Breakaway Coupling
 Emergency Shut Off Switch
 Overfill Alarm (if applicable)

A CLASS C UST OPERATOR MUST BE ON-SITE AT ALL TIMES DURING NORMAL BUSINESS HOURS

I hereby certify I have completed this worksheet together with the Class C Operator:

Designated Class A or B Operator Name: _____ Date: _____

Designated Class A or B Operator Signature: _____

I have completed this worksheet together with the person named above:

Class C Operator Name: _____ Date: _____

Class C Operator Signature: _____