

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

*not Entered in
Cassworks*

| Sample Location | | Pond in Back of Yard | | | |
|--|---|---|----------------|--|--------------|
| Quarter / Year: | 2021 | Date / Time Collected: | 6-10-21 0830 | Date / Time Examined: | 6-10-21 0830 |
| Qualifying Storm Event? | Yes | No | Runoff Source: | <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt | |
| Collector's Name & Title | Ryan wood RMS | | | | |
| Examiner's Name & Title | Ryan wood RMS | | | | |
| Parameter | Parameter Description | Parameter Characteristics | | | |
| 1. Color | Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> (Clear) No | If Yes, describe: Yellow Brown Red Gray Other: | | | |
| 2. Clarity | Is the stormwater clear? <input checked="" type="radio"/> Yes No | If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other: | | | |
| 3. Oil Sheen | Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No | Which best describes the sheen? Rainbow sheet Floating oil globules Other: | | | |
| 4. Odor | Does the sample have an odor? Yes <input checked="" type="radio"/> No | If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: | | | |
| 5. Floating Solids | Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No | If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: | | | |
| 6. Suspended Solids | Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No | Describe: | | | |
| ***Leave sample undisturbed for 30 minutes.*** | | | | | |
| 7. Settled Solids | Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No | Describe: (note type, size and material after sample is not disturbed for 30 minutes) | | | |
| 8. Foam | Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No | Describe: | | | |
| 9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken. <i>no</i> | | | | | |

Stormwater Collector's Signature and Date:

[Signature] 6-10-21

Stormwater Examiner's Signature and Date:

[Signature] 6-10-21

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Form C. Comprehensive Site Inspection Reports W0#

Stormwater Industrial Facility Inspection Report 215 40647

| General Information | | | |
|--|---|----------------|--|
| Facility Name | St. Margaret's Yard | | |
| NPDES Tracking No. | Maryland General Discharge Permit 12-SW: 1182 | | |
| Date of Inspection | June 30, 2021 | Start/End Time | |
| Inspector's Name(s) | Angie Micciche | | |
| Inspector's Title(s) | Urban Roads Superintendent | | |
| Inspector's Contact Information | 1847 Crownsville Rd, Annapolis MD 21401 410-222-7940 | | |
| Inspector's Qualifications | Pollution Prevention Team Leader | | |
| Weather Information | | | |
| Weather at time of this inspection? <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 75F | | | |
| Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | |
| Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | |

| Control Measures | | | | |
|------------------|--|---|---|--|
| | Structural Control Measure | Control Measure is Operating Effectively? | If No, In Need of Maintenance, Repair, or Replacement? | Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement) |
| 1 | Step Pool Storm Conveyance (001) • Outlet structure <u>damaged?</u> • Outlet structure openings <u>clear of debris?</u> • <u>Trash or debris?</u> • Inflow clear of debris? • Storm water by-pass the <u>pond?</u> • Erosion (anywhere)? • Only grass on the <u>embankment?</u> • Dead or diseased <u>vegetation?</u> • Animal burrows? • Sediment more than one <u>foot deep?</u> • Discoloration or sediment <u>at the outfall?</u> • Access clear? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No Yes No Yes No No Yes No No No Yes | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | No repairs or maintenance needed at this time The step pool conveyance system is that of a "Coastal Plains Outfall" |

| | Structural Control Measure | Control Measure is Operating Effectively? | If No, In Need of Maintenance, Repair, or Replacement? | Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement) |
|----|--|---|---|---|
| 2 | Vehicle Wash Station <ul style="list-style-type: none"> • Inlet seal pad in place? • Inlet clear of debris? • Wash water by-pass of containment? • Erosion (anywhere)? • Recycler functional? • Sewer Injector Pump functional? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes Yes No No Yes Yes | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Vehicle wash station is functioning as designed |
| 3 | Waste Oil Tank System | NA | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | The Waste Oil Tank has been removed and is no longer in use Drain were filled and sealed 2019 |
| 4a | Salt Barn OLD | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Tarp placed over the front entrance to prevent exposure to weather. |
| 4b | Salt Barn NEW | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Wooden barrier install with wattles behind |
| 5 | Calcium Chloride Tank Containment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | All valves were close at the time of the inspection Signage is in place with instructions listed for proper "Containment Area Dewatering Procedures" All hoses, clamps and valves are in good condition |
| 6 | Vacuum Truck Material Drying Pit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | Filter media is clean. Will Monitor to insure that the device remains free draining |

| | Area/Activity | Inspected? | Controls Adequate (appropriate, effective, and operating)? | Corrective Action Needed and Notes |
|---|--|--|---|---|
| 1 | Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and storage areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Cold Mix is stored under a tarp Trucks are stored outside at this location as there are no truck stalls |
| 2 | Equipment operations and maintenance areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | The entire facility was swept and mowed at the time of the inspection Wattles in good condition were in place at the inlet leading into the new Coastal Plains Outfall |
| 3 | Fueling area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | No evidence of recent spills or leaks at the fuel island area Trash receptacle is lined and well kept Signs are in place and up to date Spill kit is in place. |
| 4 | Dumpsters and trash cans | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Roll off containers for trash and meatal are maintained in the yard |
| 5 | Salt Barns (Old & New) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Wattles will be installed as needed to reduce likelihood of leaching |
| 6 | Calcium Chloride tank, containment wall and application area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | All valves were closed at the time of the inspection Signage is in place with instructions listed for proper "Containment Area Dewatering Procedures" |
| 7 | Dust generation and vehicle tracking | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | No dust or dirt was observed The entire facility was swept at the time of the inspection |
| 8 | Vacuum Truck Material Drying Pit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Filter media is clean. The pit is currently under construction and not in use. Will monitor to insure that the device remains free draining |

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

All items are in compliance

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

All Control Measures are in compliance.

Routine maintenance issues are listed either in the individual appropriate "Area/Activity" sections or in the notes section below.

Notes

Use this space for any additional notes or observations from the inspection:

Rick Davis, Angie Micciche, Charles Belt participated and Ryan Wood in the inspection.

1. The site was mowed and swept at the time of the inspection
2. The storm drain system at St Margarets was rebuilt
3. A new salt barn was built to allow for greater salt storage.

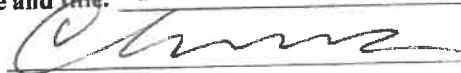
CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title:

Charles ROS

Signature:



Date:

6-30-21

Work Activity Work Order

Work Order Information

| | | | |
|----------------|-----------------------------------|--------------------|-----------|
| Activity Type | ROUTINE WORK | Work Order No | 20500768 |
| Initiated From | HWYOTH HIGHWAYS - OTHER | Project No | SWPPPCS |
| Problem | H8000 SUPPORT SERVICES | Request Received | 9/11/2020 |
| Assigned By | PWBELT68 BELT, CHARLES | Investigation Due | 9/18/2020 |
| Assigned To | PWCALH01 CALHOUN, TREMAIN | Investigation Date | 9/11/2020 |
| Department | 1311CS CENTRAL DIST/ST. MARGARETS | Scheduled Date 1 | 9/11/2020 |
| Requested By | PWCALH01 CALHOUN, TREMAIN | Scheduled Date 2 | |
| Status | CL | Scheduled Date 3 | |
| Activity | H8060 TRAINING | Scheduled Date 4 | |
| Priority | H2 | Completed Date | 9/11/2020 |
| Completed By | PWCALH01 CALHOUN, TREMAIN | Time Completed | |

Problem Information

Problem Details TRAINING: MOTHLY SAFETY TAILAGET FOR AUGUST: TOPIC: MAINTENANCE, GOOD HOUSE KEEPING, AND MINMIZING EXPOSURE.

Address 415 Street BROADNECK RD
 Cross Street BAY DALE DR Map Book New Map Book
 Location
 Subdivision ANNAPOLIS City ANNAPOLIS Zip 21409

Customer Information

Customer Name
 Address Street
 City State MD Zip
 Home Phone () Ext. Second Phone () Ext.
 Elected/Project
 E/O Aide Elected Official

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8060 TRAINING Completed Date 9/11/2020

Action Taken CREW ATTEND TRAINING FOR THE MONTH OF AUGUST 9-11-20.

Costing Information

| AT | AT Description | Units/Hours | Costs |
|-------|----------------------|-------------|---------|
| P | PERSONNEL - IN HOUSE | 3.50 | \$96.58 |
| Total | | 3.50 | \$96.58 |



ANNE ARUNDEL COUNTY

Department of Public Work

Roster and Notice of Training Delivered

PLEASE PRINT OR TYPE. Fill in all applicable information and return to your Bureau Training Coordinator. IF SAFETY TRAINING, COPY OF THIS RECORD MUST ALSO BE SENT TO THE OFFICE OF THE DEPARTMENT' SAFETY COORDINATOR AT MS - 7201

Class Title: SWPPP Training Tailgate For August: Maintenance
(If Safety Video, Please list tape Title and Tape Number From Video Listing)

Class Date: 9-11-20

Class Time: 0830

Instructor's Name: V. Maynard

Location: St. Margaret's Yard

Synopsis of class purpose and content: Go Over Minimizing Exposure, Good Houskeeping & Maintenance.

Employee Name

Employee Name

Mark Stickell

J. Woods

MILT CARROLL

Job Brown

Brian K. Sij

Work Activity Work Order

Work Order Information

| | | | |
|----------------|-----------------------------------|--------------------|------------|
| Activity Type | ROUTINE WORK | Work Order No | 20512691 |
| Initiated From | HWYOTH HIGHWAYS - OTHER | Project No | SWPPPCS |
| Problem | H8000 SUPPORT SERVICES | Request Received | 11/23/2020 |
| Assigned By | PWBELT68 BELT, CHARLES | Investigation Due | 11/30/2020 |
| Assigned To | PWCALH01 CALHOUN, TREMAIN | Investigation Date | 11/23/2020 |
| Department | 1311CS CENTRAL DIST/ST. MARGARETS | Scheduled Date 1 | 11/23/2020 |
| Requested By | PWCALH01 CALHOUN, TREMAIN | Scheduled Date 2 | |
| Status | CL | Scheduled Date 3 | |
| Activity | H8060 TRAINING | Scheduled Date 4 | |
| Priority | H2 | Completed Date | 11/23/2020 |
| Completed By | PWCALH01 CALHOUN, TREMAIN | Time Completed | |

Problem Information

Problem Details TRAINING: MOTHLI SAFETY TAILAGET FOR NOVEMBER: TOPIC: CALCIUM CHLORIDE TANK CONTAINMENT.

Address 415 Street BROADNECK RD
 Cross Street BAY DALE DR Map Book New Map Book
 Location
 Subdivision ANNAPOLIS City ANNAPOLIS Zip 21409

Customer Information

Customer Name
 Address Street
 City State MD Zip
 Home Phone () Ext. Second Phone () Ext.
 Elected/Project
 E/O Aide Elected Official

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8060 TRAINING Completed Date 11/23/2020

Action Taken CREW ATTEND TRAINING FOR THE MONTH OF NOVEMBER 11-23-20.

Costing Information

| AT | AT Description | Units/Hours | Costs |
|-------|----------------------|-------------|---------|
| P | PERSONNEL - IN HOUSE | 3.00 | \$86.08 |
| Total | | 3.00 | \$86.08 |



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Department of Public Work

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Class Title: SWPPP Training Tailgate For November: Calcium Chloride Tank Containment
(If Safety Video, Please list tape Title and Tape Number From Video Listing)

Class Date: 11-23-20

Class Time: 0630

Instructor's Name: V. Maynard

Location: St. Margaret's Yard

Synopsis of class purpose and content: Go Over Calcium Chloride Tank Containment.

Employee Name

Employee Name

Tremaine Calhoun

Vincent Maynard

Mitch Carson

John Brown

Jacob Brown

Brian K Sings

Mark Stickell

Work Activity Work Order

Work Order Information

| | | | |
|----------------|--------------------------------------|--------------------|-----------|
| Activity Type | ROUTINE WORK | Work Order No | 21530839 |
| Initiated From | HMNR HWY MAINTENANCE NEEDED | Project No | 21490297 |
| Problem | H8000 SUPPORT SERVICES | Request Received | 2/19/2021 |
| Assigned By | PWBELT68 BELT, CHARLES | Investigation Due | 2/26/2021 |
| Assigned To | PWCALH01 CALHOUN, TREMAIN | Investigation Date | 2/19/2021 |
| Department | 1311CS CENTRAL DIST/ST. MARGARETS | Scheduled Date 1 | 2/19/2021 |
| Requested By | PWCARS09 CARSON JR, MILTON | Scheduled Date 2 | |
| Status | CL | Scheduled Date 3 | |
| Activity | H8062 SAFETY FUNCTIONS & FACILITY IN | Scheduled Date 4 | |
| Priority | H2 | Completed Date | 2/19/2021 |
| Completed By | PWCALH01 CALHOUN, TREMAIN | Time Completed | |

Problem Information

Problem Details QUARTERLY SWPPP TRAINING

| | | | | | |
|--------------|-------------|----------|--------------|--------------|-------|
| Address | 415 | Street | BROADNECK RD | | |
| Cross Street | BAY DALE DR | Map Book | | New Map Book | |
| Location | | | | | |
| Subdivision | | City | ANNAPOLIS | Zip | 21409 |

Customer Information

| | | | | | | | |
|-----------------|-----|--------|--|------------------|-----|------|--|
| Customer Name | | Street | | State | MD | Zip | |
| Address | | | | | | | |
| City | | | | | | | |
| Home Phone | () | Ext. | | Second Phone | () | Ext. | |
| Elected/Project | | | | | | | |
| E/O Aide | | | | Elected Official | | | |

Structure/Equipment Information

| | | | | |
|--------------------------|-------|--------------------------------|-------------------|-----------|
| Structure/Equipment No | US | DS | No. Of Structures | |
| Structure/Equipment Type | | | | |
| Address | | Street | | |
| Cross Street | | | | |
| Area Designator | | | | |
| Miss Utility Number | | | | |
| Activity | H8062 | SAFETY FUNCTIONS & FACILITY IN | Completed Date | 2/19/2021 |

Action Taken CREW HAD QUARTERLY SWPPP TRAINING

Costing Information

| AT | AT Description | Units/Hours | Costs |
|----|----------------------|-------------|-----------------|
| P | PERSONNEL - IN HOUSE | 4.00 | \$107.81 |
| | Total | 4.00 | \$107.81 |



ANNE ARUNDEL COUNTY
Department of Public Works

For Training Office Use Only:
Course Code: _____
Type Code: _____

W/0 21530839

ROSTER & NOTICE OF TRAINING DELIVERED

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Class Title

Session #4 on Stamford Pollution Prevention Plan Part II

(IF SAFETY VIDEO, PLEASE LIST TAPE TITLE AND TAPE NUMBER FROM VIDEO LISTING.)

| Class Start Date | Class End Date | Class Hours |
|---|----------------------|---|
| <i>2-21-</i> | <i>2-21</i> | <i>1</i> |
| Instructor's Name <i>MILTON CASAN</i> | | Instructor's ID# (if in-house instructor) |
| Synopsis of class purpose and content <i>SECONDARY CONTAINMENT</i> | | |
| Employee Name | Employee ID Number | Division Code |
| <i>MILTON CASAN</i> | <i>W117</i> | |
| <i>Brian K Speer</i> | <i>Brian K Speer</i> | |
| <i>Daniel Norton</i> | <i>49</i> | |
| <i>Mark Stickell</i> | <i>Mark Stickell</i> | |
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SAFETY COORDINATOR:
Ashenfelter, Terry MS-4285

Work Activity Work Order

Work Order Information

| | | | |
|----------------|-----------------------------------|--------------------|-----------|
| Activity Type | ROUTINE WORK | Work Order No | 21529369 |
| Initiated From | HWYOTH HIGHWAYS - OTHER | Project No | SWPPPCS |
| Problem | H8000 SUPPORT SERVICES | Request Received | 3/31/2021 |
| Assigned By | PWBELT68 BELT, CHARLES | Investigation Due | 6/1/2021 |
| Assigned To | PWCALH01 CALHOUN, TREMAIN | Investigation Date | 4/20/2021 |
| Department | 1311CS CENTRAL DIST/ST. MARGARETS | Scheduled Date 1 | 4/20/2021 |
| Requested By | PWMAGA10 MAGAYNA, MEGAN | Scheduled Date 2 | |
| Status | CL | Scheduled Date 3 | |
| Activity | H8060 TRAINING | Scheduled Date 4 | |
| Priority | H2 | Completed Date | 4/20/2021 |
| Completed By | PWCALH01 CALHOUN, TREMAIN | Time Completed | |

Problem Information

Problem Details SWPPPCS TRAINING

| | | | | | |
|--------------|-----|--------|--------------|----------------|--------------|
| Address | 415 | Street | BROADNECK RD | | |
| Cross Street | | | | Map Book | New Map Book |
| Location | | | | | |
| Subdivision | | | | City ANNAPOLIS | Zip 21409 |

Customer Information

| | | | | | |
|-----------------|-----------|--------|--------------|------------------|-----------|
| Customer Name | | | | | |
| Address | 415 | Street | BROADNECK RD | | |
| City | ANNAPOLIS | | | State MD | Zip 21409 |
| Home Phone | () | Ext. | | Second Phone () | Ext. |
| Elected/Project | | | | | |
| E/O Aide | | | | Elected Official | |

Structure/Equipment Information

| | | | |
|--------------------------|----------------|--------|--------------------------|
| Structure/Equipment No | US | DS | No. Of Structures |
| Structure/Equipment Type | | | |
| Address | | Street | |
| Cross Street | | | |
| Area Designator | | | |
| Miss Utility Number | | | |
| Activity | H8060 TRAINING | | Completed Date 4/20/2021 |

Action Taken QUARTERLY TRAINING: SWPPPCS SECTION 4
MINIMIZE EXPOSURE

Costing Information

| <u>AT</u> | <u>AT Description</u> | <u>Units/Hours</u> | <u>Costs</u> |
|-----------|-----------------------|--------------------|-----------------|
| P | PERSONNEL - IN HOUSE | 5.00 | \$128.03 |
| | Total | 5.00 | \$128.03 |

W/O 21529369

For Training Office Use Only:
Course Code: _____
Type Code: _____



ANNE ARUNDEL COUNTY
Department of Public Works

ROSTER & NOTICE OF TRAINING DELIVERED

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Class Title MINIMIZE EXPOSURE

(IF SAFETY VIDEO, PLEASE LIST TAPE TITLE AND TAPE NUMBER FROM VIDEO LISTING.)

| | | |
|---|----------------------------------|--|
| Class Start Date 4-20-21 | Class End Date 4-20-21 | Class Hours 1 |
| Instructor's Name MILT CARSON | | Instructor's ID# (If in-house instructor) |
| Synopsis of class purpose and content OIL & GREASE IN BUILDING/YARD/ASPHALT | | |
| Employee Name | Employee ID Number | Division Code |
| Brian K Sipe 5- | | |
| Jacob Brown | | |
| Lanell North | | |
| Mark Stickell | | |
| MILT CARSON | | |
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SAFETY COORDINATOR:
Ashenfelter, Terry MS-4285