



CERTIFICATE OF TRAINING

Sarah Waline-Rittmann

Has successfully completed
Minnesota UST Class C Operator Training

Issued on:
11-06-2024

A handwritten signature in black ink, appearing to read "Raymond Rees", is positioned above a blue ribbon banner.

Raymond Rees

Trainier

Northern Tier - 2746254

1015 State Hwy #24, PO Box 371

Clearwater, MN 55320

P.O. Box 2353, Muncie, IN 47307 • passtesting.com • 765-281-5588



UST Class C Operator Training Orientation Checklist

This orientation is to be performed by a manager or Class A/B operator at the Class C operator's facility. It will familiarize the trainee with the various site-specific components of the facility and relate them to the content discussed in the PASS UST Class C Operator Training Course.

FACILITY INFORMATION

Facility Name: Northern Tier - 2746254

Facility Address: 1015 State Hwy #24, PO Box 371 Clearwater, MN 55320

I, the Class C Operator, know where the following components are located and how to operate them.

- | | |
|---|--|
| ☒ All the E-Stops (Emergency Stops) | ☒ Emergency Procedures and Numbers |
| ☒ The Tanks and Manways | ☒ The Nozzle |
| ☒ Fire Extinguisher | ☒ The Swivel |
| ☒ All Sensitive Receptors | ☒ The Breakaway |
| ☒ All the Dispensers | ☒ The Spill Kit and Contents |
| ☒ The Hose | ☒ The Tank Monitor (If Applicable) |

I, the Class C Operator, know the following information

- | | |
|--|--|
| ☒ Who to notify in an emergency | ☒ What to do about an alarm |
| ☒ What to do if there is a spill | ☒ Where the spill kit is located |
| ☒ Where the shut-off switch is located | ☒ What the fueling rules are |

CERTIFICATION

With my signature below, I certify that the employee listed on this form has been trained on all the topics mentioned above and they have shown how the content discussed in the PASS UST Class C Training Course can be applied to their assigned facility site.

Manager/Trainer/A/B Operator: _____ Date Signed: _____

Signature: _____

Class C Operator Name: Sarah Waline-Rittmann Date Signed: 11-06-2024

Class C Operator Signature: *digitally signed by Sarah Waline-Rittmann*

KEEP THIS DOCUMENT FOR YOUR RECORDS

Please store this document and a copy of the Certificate of Training at the facility