PASS Training & Compliance

# CERTIFICATE OF TRAINING

## Quinton Morgan

Has successfully completed

## Minnesota UST Class C Operator Training

Issued on:

01-15-2025

Circle K - 2746411

9456 Medicine Lake Rd

New Hope, MN 55427

Raymond Rees

Trainier

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

V.2

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# 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: Circle K - 2746411

Facility Address: 9456 Medicine Lake Rd New Hope, MN 55427

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

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

**I, the Class C Operator, know the following information**

- [X] Who to notify in an emergency
- [X] What to do if there is a spill
- [X] Where the shut-off switch is located
- [X] What to do about an alarm
- [X] Where the spill kit is located
- [X] 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: Quinton Morgan Date Signed: 01-15-2025

Class C Operator Signature: *digitally signed by Quinton Morgan*

**KEEP THIS DOCUMENT FOR YOUR RECORDS**

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