



Louisiana Department of Health and Hospitals, Office of Public Health
Engineering Services – Safe Drinking Water Program
RTCR Level 1 Assessment – Additional Assessor Certification

Certified Operator (print name):		Operator ID:
Distribution Level (1-4)	Production Level (1-4)	Treatment Level (1-4)

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _____ Title: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

Certified Operator (print name):		Operator ID:
Distribution Level (1-4)	Production Level (1-4)	Treatment Level (1-4)

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _____ Title: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

Certified Operator (print name):		Operator ID:
Distribution Level (1-4)	Production Level (1-4)	Treatment Level (1-4)

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Print Name: _____ Title: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

When more than 1 Certified Operator is required to complete a Level I Assessment, please include this form as the additional signature page with the completed Level I Assessment Form.