



**State of Hawaii Department of Health**  
**Solid & Hazardous Waste Branch**  
**Underground Storage Tank**

2827 Waimano Home Road, #100, Pearl City, HI 96782 Ph: 808-586-4226

## LIST OF DESIGNATED CLASS A/B/C OPERATORS

Hawaii UST Regulation HAR 11-280.1-241 requires UST owners and operators to submit written notice to the department identifying the **Class A and Class B operators** for each UST or tank system in use or temporarily out of use no later than thirty days after an operator assumes the operator's responsibilities as a Class A or Class B operator.

In addition, owners and operators shall **1)** maintain a list/designation form of the Class A, B and C operators and **2)** retain records/written verification/certificates for as long as the Class A, B, and C operator are designated *at the site* assigned below. These records will be made available for inspection upon request by the department. This form is not required but may be used to meet the first requirement above for a list/designation form.

Please submit this form along with written verification/certificates from an approved training and certification program to c/o Thu Perry, 2827 Waimano Home Road, #100, Pearl City, Hawaii 96782. For questions, please contact Thu Perry, Public Participation Coordinator, at [thu.perry@doh.hawaii.gov](mailto:thu.perry@doh.hawaii.gov) or (808) 586-4226.

A list of approved training programs is available at <http://health.hawaii.gov/shwb/underground-storage-tanks/>.

Facility Information		
Facility Name	DOH Facility No. 9-	
Facility Address		
City	State	Zip Code
Facility Phone Number		
Name of Person Completing Form (PRINT LEGIBLY)	Signature of Person Completing Form	Date Form Completed and Signed
	_____	

DOH Facility ID Number: \_\_\_\_\_

# LIST OF DESIGNATED CLASS A/B/C OPERATORS

Name of Operators	Training Company Name, Name of Trainer, Address, Phone Number, Web Address <i>(if web-based)</i>	Date Assumed Designated Duties <i>(mm/dd/yyyy)</i>	Initial Training Date <i>(mm/dd/yyyy)</i>	Expiration Date <i>(mm/dd/yyyy)</i>	Retraining Date, if required*** <i>(mm/dd/yyyy)</i>
		OPERATOR	A:		
			B:		
			C:		
		OPERATOR	A:		
			B:		
			C:		
		OPERATOR	A:		
			B:		
			C:		
		OPERATOR	A:		
			B:		
			C:		
		OPERATOR	A:		
			B:		
			C:		
		OPERATOR	A:		
			B:		
			C:		

**\*\*\*When required by HAR 11-280.1-244 (e.g. facility is out of compliance), records of retraining must include those areas on which the class A or Class B operator has been retrained. Provide additional sheets, if necessary.**