



**ONLINE COURSE
INSTRUCTOR LED**

Cross Connection Awareness

Developer and Owner – MTS (Maintenance Training Systems Inc.)

September 14-15, 2021 (12:00 – 4:00 PM AST)

Course Objective / Description

This 1 day program covers pertinent aspects of cross connection control, referencing current manuals and standards this session is of interest to those working in the water & waste water industry including management and health authority personnel.

Topics and Objectives

<i>Topics</i>	<i>Learning Objectives</i>
1. Causes of Backflow	Understanding the hydraulics of how backflow occurs
2. Health Aspects	Gain an appreciation for why backflow prevention is necessary
3. Recommended Backflow Prevention Procedures	Understand legal and moral obligations associated with
4. Application of Backflow Prevention Procedures	Identify cross connections and how to correct them
5. Types of Backflow Preventers	Develop a basic knowledge of available backflow devices
6. Program Components	Understanding the program development resources available and required

<i>Course Agenda (place topics here with delivery times)</i>	<i>Time / Hours</i>
Introductions and Agenda Review	.17
Causes of Backflow	1
Health Aspects	0.75
Recommended Backflow Prevention Procedures	1
Application of Backflow Prevention Procedures	1.5
Types of Backflow Preventers	1.5
Program Components	0.75
Review Wrap up	0.08

CEU: 0.7

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Cross Connection Control Awareness

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Name: _____

Company: _____

Company Mailing Address _____

City, Province: _____ Postal Code: _____

Phone: _____ Email: _____

ACWWA Membership #: _____ WEF Membership #: _____

If no membership number is listed, you will be invoiced as a non-member. See pricing below.

Fee for ACWWA or WEF Members & Employees of UTILITY Members

Course: $\$375.00 + \$56.25 \text{ HST (15\%)} = \431.25

Fee for Non – Members

Course: $\$425.00 + \$63.75 \text{ HST (15\%)} = \488.75

Invoices will be sent to the address listed above.

PO number to be included on the invoice _____

Payment can be made by Visa, Master Card or cheque.

Card Holder's Name _____

Credit Card Number _____ Expiry _____

Signature _____

Email address for credit card receipt _____

Cheques should be made payable to:

ACWWA

PO Box 28141 · Dartmouth, NS · B2W 6E2

Phone 902-434-6002 Fax 902-435-7796