

## METERED HYDRANT STANDPIPE OPERATOR

THE 5Cs TRAINING ASSESSMENT



ASSESSMENT 1:  Multiple Choice  tick correct answer				
Drinking Water is classified as what?  A  delicious  B  great with cordial  C  food grade product	4	Contamination has occurred  A	t report form	1
What should you do before commencing work?  A □ conduct a risk assessment  B □ identify potential hazards and control measures  C □ ensure clothing is reasonably clean & free of contaminants  D □ all of the above	5	What is the greatest risk to drinking water network?  A  sewage  B  not disinfecting your  C  contaminated matter	tools	
What is not an example of a water borne pathogen?  A				
ASSESSMENT 2:  True or False Questions				
A backflow prevention device doesn't need to be certified	d by a l	icensed plumber	☐ True	☐ False
If my standpipe is not clean, I should clean it and disinfe	ct with	chlorine solution before use	☐ True	☐ False
Chlorine kills bacteria and other pathogens			☐ True	☐ False
Contaminated water is safe to drink			☐ True	☐ False
Hygienic work practices act as a barrier to stop as many	pathog	gens as possible	☐ True	☐ False
Standpipes should be stored securely away from contar	ninants	;	☐ True	☐ False

## **ASSESSMENT 3:**

Written Test

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1	What is the aim of the hygienic work procedures:
2	List two items that could be included in a Water Hygiene Kit:
	2
3	There are numerous control measures that <b>standpipe operators</b> can follow to make working with a standpipe safer, please list two:  1
	2
4	Explain your understanding of tanker backflow prevention and why it is required:
5	List one example of an incident that could occur due to improper standpipe hygiene:
6	If your standpipe required disinfection what disinfectant would you use:
7	What does MSDS stand for :
8	What is one example of a control measure that <b>Unitywater</b> has in place to make working with a standpipe safer:
	STUDENT DECLARATION  I
	have completed this training document and believe I have answered all questions correctly and all work submitted is my true and original work.
	Signature of user : Date :
	A statement of training will be posted to your current employer after successful completion of this assessment.
	OFFICE USE ONLY
	Assessor:
	Date Assessed:
	Training Card Number:



☐ Competent ☐ Not yet competent