



Alliance of Indiana Rural Water is pleased to offer training  
for Indiana's Water and Wastewater Professionals.

Join us for the class:

## Traffic Safety & Operator Responsibilities and Ethics

**Traffic Safety** – The Manual of Uniform Traffic control Devices states: “during any time the normal function of a roadway is suspended, temporary traffic control planning must provide for continuity of function. Effective temporary traffic control enhances traffic safety and efficiency, Effective temporary traffic control must provide for the safety of workers, road users, and pedestrians. At the same time, it must provide for the efficient completion of whatever activity suspended normal use of the roadway.” Attend this session and learn what an effective program consists of.

**Operator Responsibilities & Ethics** – The position of operator requires highly ethical behavior as operators often do not have someone looking over their shoulder watching their every move. This session will cover responsibilities and ethics with respect to properly conducting the duties of an operator and the possible consequences of failing to operate in an ethical manner.



**Course Instructor: Rex Blanton - Alliance of Indiana Rural Water**

**Cost: \$95 members / \$125 non-members**

\* Cancellations within 1 week of the class will be subject to a \$15 administrative fee per registered person.

**October 3rd 9:00am - 3:00pm (local time)**  
**JEFFERSONVILLE, IN - Fire Station, 2204 E. 10th Street**

**Registration Begins at 8:30am. Class begins at 9:00am (local time)**

**EARN 3 TECHNICAL & 2  
GENERAL WATER  
HOURS AND  
5 GENERAL  
WASTEWATER  
CONTACT HOURS OR  
5 PDH HOURS FOR**

**Pre-registration Is Required.**

Register by mailing or faxing the form below or by calling (888) 937-4992  
or Register Online at <http://www.inh2o.org/Training/OneDayTraining.aspx>



PO Box 789  
Franklin, IN 46131  
Phone: (317) 789-4200  
Fax: (317) 736-6676

**Traffic Safety /  
Operator  
Responsibilities  
& Ethics**

System / Utility	_____
Address	_____
City, ST Zip	_____
Attendee	_____
Attendee	_____
Attendee	_____
Attendee	_____

Quantity	Price	Member	Total:
_____	X \$95	_____	_____
_____	X \$125	Non-Member	_____
Method of Payment		<input type="checkbox"/> Visa	<input type="checkbox"/> Other
<input type="checkbox"/> Check		<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Send Invoice			
Credit Card #	_____	Exp. Date	_____
Name on Card	_____	Billing Zip	_____
Signature	_____	CVC Code	_____