

## WALKER Cheryl

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**From:** HUNTER Karla  
**Sent:** Wednesday, May 31, 2017 11:41 AM  
**To:** WALKER Cheryl  
**Subject:** FW: OPUC Training (Millsite) NC 360  
**Attachments:** 201705311044.pdf

FYI

Karla Hunter  
Safety Policy Analyst  
Utility Safety, Reliability and Security Division  
201 High St SE Suite 100, Salem OR 97301  
2: 503-373-0044  
5:503-385-3986

-----Original Message-----

From: Mike Bjorvik [<mailto:mike@millsitelandscape.com>]  
Sent: Wednesday, May 31, 2017 10:54 AM  
To: HUNTER Karla  
Subject: FW: OPUC Training (Millsite)

Karla,

Please find attached the training verification forms for the two presentations that we attended. We will mail over a copy as well.

Thanks,  
Mike

Landscape Superintendent  
Millsite Landscape Services (LCB# 8364)  
Phone: 541-382-2756 Fax: 541-388-5414  
[mike@millsitelandscape.com](mailto:mike@millsitelandscape.com)

-----Original Message-----

From: [copier@wspi.net](mailto:copier@wspi.net) [<mailto:copier@wspi.net>]  
Sent: Wednesday, May 31, 2017 10:44 AM  
To: Mike Bjorvik  
Subject: Message from "Ricoh4502"

This E-mail was sent from "Ricoh4502" (Aficio MP C4502).

Scan Date: 05.31.2017 10:44:16 (-0700)  
Queries to: [copier@wspi.net](mailto:copier@wspi.net)



**Oregon Public Utility Commission  
Training Verification**

**Docket NC 360**

**Instructions:**

- Defendant:
  - Schedule training(s) outlined in Stipulation
  - Complete the Training Verification form on the day of the training
  - All attendees must print and sign their name on the Training Verification form
  - Have instructor date and sign the Training Verification form upon completion of training
  - Defendant **must** mail completed Training Verification form to the address below (*retain a copy for your records*)
- Instructor:
  - Date and sign the Training Verification form upon completion of training

**Type of Training:** (*To be filled out by the instructor*)

OUNC – Oregon Excavation Laws    
  Operator Safety Presentation    
  Other:

Instructor Print Name: W. WALKER

Instructor Signature: W. Walker     Date: 5-25-17

Name (Printed)	Name (Signed)
MIKE BJORVEK	<i>Mike Bjorvek</i>
MELANIE SHOFFER	<i>Melanie Shoffer</i>
Brock Reid	<i>Brock Reid</i>
Ryan Howard	<i>Ryan Howard</i>
Daniel Touka	<i>Daniel Touka</i>
Walker Fraley	<i>Walker Fraley</i>
Jonathon Chambers	<i>Jonathon Chambers</i>
Joyce Noilson	<i>Joyce Noilson</i>
Alisha Rodriguez	<i>Alisha Rodriguez</i>
Rodri'yo Bernabe I	<i>Rodri'yo Bernabe Lopez</i>
Braden Bartley	<i>Braden Bartley</i>

Mail Completed form to:

**Public Utility Commission of Oregon  
Administrative Hearings Division  
201 High St. SE, Ste. 100  
PO Box 1088  
Salem OR 97308-1088**



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- Instructor:
  - Date and sign the Training Verification form upon completion of training

**Type of Training:** *(To be filled out by the instructor)*

OUNC – Oregon Excavation Laws       Operator Safety Presentation       Other:

Instructor Print Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed)	Name (Signed)
James Ochner	<i>[Signature]</i>
Antonio Vera	<i>[Signature]</i>
Damaris Monroy	<i>[Signature]</i>
Enrique	<i>[Signature]</i>
Tyler Hanson	<i>[Signature]</i>
Rosalina Ventura	<i>[Signature]</i>
Jim Kupaliak	<i>[Signature]</i>
John Mautz	<i>[Signature]</i>
Nathaniel O'Meara	<i>[Signature]</i>
Joey Pedro	<i>[Signature]</i>
Jason Shipper	<i>[Signature]</i>

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- Instructor:
  - Date and sign the Training Verification form upon completion of training

**Type of Training:** *(To be filled out by the instructor)*

OUNC – Oregon Excavation Laws       Operator Safety Presentation       Other:

Instructor Print Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed)	Name (Signed)
Shane Harris	

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**Type of Training: (To be filled out by the instructor)**

OUNC – Oregon Excavation Laws       Operator Safety Presentation       Other:

Instructor Print Name: Shannon Potter

Instructor Signature: [Signature]      Date: \_\_\_\_\_

Name (Printed)	Name (Signed)
Shane Harris	[Signature]
Jason Slipper	[Signature]
MIKE BJORKK	[Signature]

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