

CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): _____

Big Sandy FAP

Plant Personnel conducting the meeting: Amanda Williams + Steve Sargent

Date: 12/18/20

Time Held: 11:00am

Attending Organization: Wayne Co. Emergency Management 911

Print Name: B.J. Willis Sign: _____

Print Name: James Cooper Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Use multiple pages to document additional organizations or attendees.

CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): _____

Big Sandy FAP

Plant Personnel conducting the meeting: Amanda Williams & Steve Sargent

Date 12-18-20

Time Held: 0900

Attending Organization: Lawrence Co. Emergency Management

Print Name: Chris Cox Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Use multiple pages to document additional organizations or attendees.



Class Date:

Technical Training Specialist:

Course #: 12/18/2020
KEY Course #

Course Title: CCR Face-to-Face
KEY Course Title

Course Length: _____

Location: Big Sandy
Facility Site & Meeting Room Online/Self-study

No.	User ID# (ex. s123456)	Print Name	Signature
1.		Lawrence County, Ky	
2.		Emergency Management	Chris Cox
3.			
4.	S324796	Amanda Williams	Amanda Williams
5.			
6.			
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The instructor is responsible for the following:

1. Obtaining necessary resource materials.
2. Proper completion and filing of the course outline and attendance sheet.
3. Compliance with course training requirements as specified in applicable regulations.

Instructor Name (Print): STEVE SARGEAT
 Instructor's Signature: Steve Sargeat

For KEY Admin ONLY: e Class Scheduled e Class Held e Other _____



SOUNDLESS ENERGY

Class Date:

Technical Training Specialist:

Course #: 12/18/2020
KEY Course #

Course Title: CCR Year-to-Year
KEY Course Title

Course Length: _____

Location: Big Sandy
Facility Site & Meeting Room Online/Self-study

No.	User ID# (ex. s123456)	Print Name	Signature
1.		Wayne County, WV	
2.		Emergency Management	
3.			
4.		B.J. Wynn - Director	304-654-1800 <i>[Signature]</i>
5.		JK ME Coop	<i>[Signature]</i>
6.	5324796	Amanda Williams	<i>[Signature]</i>
7.			
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The instructor is responsible for the following:

1. Obtaining necessary resource materials.
2. Proper completion and filing of the course outline and attendance sheet.
3. Compliance with course training requirements as specified in applicable regulations.

Instructor Name (Print): STEVE SARGENT
 Instructor's Signature: *[Signature]*

For KEY Admin ONLY: e Class Scheduled e Class Held e Other _____