

CESSWI-IT INSPECTION EXPERIENCE PROFILE

Profile Instructions

Complete an Inspection Experience Profile for EACH job (employment position) that you wish to report erosion, sediment and storm water inspection experiences. Make copies of this sheet as needed. If you were unemployed or employed in a non-industry related position for longer than three (3) months since you received In-Training status, please list the dates and addresses and other contact information on a separate Inspection Experience Profile sheet.

Employer Information

1. Your Name _____
2. Company Name _____
3. Mailing Address _____
4. Mailing Address (contd.) _____
5. City, State/Province, Zip/Postal Code _____
6. Country _____
7. Office Phone (include extension) _____
8. Email Address _____
9. Company Web Page _____
10. Employment Dates (include from and to dates) _____
11. Approximate number of hours worked per week _____

Position Description

12. What is the primary line of business for the company?

13. What position(s) do you hold?

14. What is your working title(s) or role(s)?

15. What are your primary responsibilities?

Erosion, Sediment and Storm Water Inspection Experiences

16. Using the tables below, rate your skills, abilities, and knowledge while performing this job as H, M, or L.
Where: **H** = High level of skill/ability/knowledge—able to perform independently and instruct/train others
M = Medium level of skill/ability/knowledge—able to perform independently
L = Low level of skill/ability/knowledge—able to perform only under supervision by qualified professional
For each item below that you rate, mark the percentage of time that you spent performing that item.

EROSION CONTROL PRACTICES	H,M,L	%	SEDIMENT CONTROL PRACTICES	H,M,L	%	EROSION, SEDIMENT & STORM WATER PLAN	H,M,L	%
PLAN READING			PLAN READING			REVIEW		
INSTALLATION			INSTALLATION			INSPECTION OF PRACTICES		
INSPECTION			INSPECTION			REPORTING OF FINDINGS		
REPORT WRITING			REPORT WRITING			CLIENT/CONTRACTOR/DESIGNER TEAM COORDINATION		
						PROJECT MANAGEMENT/OVERSIGHT		

You **must** account for 100% of your time. (NOTE: The grand total of all three columns combined should add up to no more than 100%.)

17. If you have any erosion, sediment and storm water inspection experiences not covered in Item 16, explain using additional sheets as necessary.

Cerification

This item must be signed by a qualified professional—NOT the CESSWI-IT. If unable to obtain the signature of a qualified licensed or certified professional, you **must** submit a portfolio of your work.

18. I hereby certify to the best of my knowledge and belief, the above named individual possesses the knowledge, skills, and abilities required for full CESSWI certification and that the information shown above is accurate. I further certify that this individual operates within the CESSWI Code of Conduct and Ethics.

Signature of Qualified Professional: _____

Date: _____

Printed Name: _____

License or Certification: _____

Mailing Address: _____

Phone: _____ Email Address: _____