



## TRAINING CERTIFICATION DOCUMENT

**Name:** \_\_\_\_\_ please print

**Date:** \_\_\_\_\_

**Equipment type:**

- |                                       |  |                                 |                                     |
|---------------------------------------|--|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Excavator    | <input type="checkbox"/> Rubber Tire Hoe | <input type="checkbox"/> Dozer  | <input type="checkbox"/> Blade      |
| <input type="checkbox"/> Side Boom    | <input type="checkbox"/> Trencher        | <input type="checkbox"/> Loader | <input type="checkbox"/> Skid Steer |
| <input type="checkbox"/> Other: _____ |  |                                 |                                     |

**Evaluator:** \_\_\_\_\_ please print

**Qualified?** Check one  Yes  No

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1. Has this person demonstrated that he/she has the ability and knowledge to adequately maintain the equipment in safe operating condition?  Yes  No
  
2. Has this person demonstrated that he/she has the ability and knowledge to adequately operate this piece of equipment in a safe and productive manner?  Yes  No
  
3. Does this person have previous experience on this type of equipment?  Yes  No
  
4. How long has this person operated this type of equipment?  
 <1yr.  1yr. To 3 yrs.  >3yrs.  No prior experience

I am fully capable of operating this piece of equipment. I will do so within the guidelines and safety rules prescribed by the manufacturer and company. I will lubricate and check oil as needed. I will keep this unit clean and free from garbage. I will report any malfunctions or deficiencies to my supervisor:

Employee / Operator signature: \_\_\_\_\_

I have observed this employee / operator and believe him to be skilled and safe. I authorize him to operate this type of equipment for the company:

Evaluator signature: \_\_\_\_\_

Note: (1) copy of this form to be returned to Safety Manager.