Minnesota Department of Transportation EQUIPMENT TRAINING/QUALIFICATION FORM

TRAINEE NAME: LOCATION:

(Permanent Assigned Sub-Area)

TYPE OF EQUIPMENT: Loader-4WD Articulated, Level 1

EQUIPMENT COURSE CODE: EQ913000T

NUMBER OF HOURS NEEDED PRIOR TO QUALIFICATION: (Minimum): <u>4</u> (Maximum): <u>16</u>

FORM INSTRUCTIONS

Equipment Walk-Around Procedures:

- ▶ The walk-around procedure must be completed prior to on-the-job (OJT) training.
- ▶ All walk-around procedures are equipment specific. For a full explanation and information on the walk-around process refer to the document "Equipment Walk-Around Procedures" (Form 4410).
- ▶ Upon completion of the walk-around the trainer (mechanic) will fill out the Walk-Around Training Record below. The trainer (mechanic) and trainee will sign the Walk-Around Training Sign Off where indicated stating that the training has been accomplished.

On-The- Job (OJT) Training Procedures:

- ► A qualified equipment operator (trainer) will work with the trainee using the outline of training specific to the equipment being used. The trainer and trainee will use the outline of training to ensure all training is received.
- As training occurs the trainer will document the trainee's training hours (hours worked/hours of operation) in the On-The-Job (OJT) Training Record portion of this form.

Training Sign Off: The supervisor will review the training record and sign off indicating the trainee is ready for evaluation.

Oualification Sign Off: The supervisor will evaluate the trainee's performance using the Supervisor Evaluation/Check Sheet form specific to the equipment, and then sign this form recommending or not recommending the trainee for qualification.

WALK-AROUND TRAINING RECORD						
DATE OF TRAINING	HOURS PERFORMING WALK-AROUND	HOURS SERVICING		ECHANIC'S COMMENTS		
				Required tion		
				Requiralition		
TOTAL HOURS SERVICING				<u>1 Que</u>		
	WALI	K-AROUND TR	INING SICE	NOFF		
TRAINEE		ceut				
WALK-AROUND TRUEFING SICENOFF TRAINEE I have read and understand the equipment properties and understand all of the proper servicing requirements and maintenance procedures of the piece of purpment: YES NO During this training, I have performed and understand all of the proper servicing requirements and maintenance procedures of the piece of purpment: YES NO TRAINEE SIGNATER: DATE: DATE:						
During this the	raining, I have perform	and understand al	l of the proper	servicing requirements and		
maintenance	procedures of the piece c	Dupment:	YES	NO		
TRAINEE S	IGNWERE:			DATE:		
TRAINER (Mechanicoa					
This trainee has completed a walk-around as specified above under Equipment Walk-Around Procedures.						
MECHOOL	SIGNATURE:			DATE:		

TRAINEE NAME:_____

TYPE OF EQUIPMENT: _____ EQUIP. CLASS CODE: _____

ON-THE-JOB (OJT) TRAINING RECORD					
DATE OF TRAINING	HOURS WORKED	HOURS OF OPERATION	TRAINER'S SIGNATURE/COMMENTS		
TOTAL OJT HOURS OF OPERATION					

TRAINING SIGN OFF

SUPERVISOR

The training hours listed above are accurate to the best of my knowledge and this trainee is ready to be evaluated.

SUPERVISOR SIGNATURE:	DATE:
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QUALIFICATION SIGN OFF

TRAINING EVALUATOR (Evaluator must be in the MMA or MAPE bargaining unit)

- □ After reviewing this training record for accuracy and completing a performance evaluation of this trainee in compliance with the Supervisor Evaluation/Check Sheet, I recommend qualification.
- □ After reviewing this training record for accuracy and completing a performance evaluation of this trainee in compliance with the Supervisor Evaluation/Check Sheet, I do not recommend this trainee for qualification.

EVALUATOR'S

SIGNATURE: EVALUATION DATE: