|  |  |  |
| --- | --- | --- |
| **Department:** | **City of Nanaimo**  |  |
| **Subject:** | **Asphalt Recycler Unit Training Checklist** |

**(Complete this form with your supervisor and return to Human Resources)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** |   |  | **Department:** |  |
| **Trainer:** |  |  | **Worksite:** |  |

*Tick the boxes as each topic is covered.*

|  |
| --- |
| **Pre-Set Up Checklist:** |
| * Worker has read and fully understands Safework procedure
 |
| * Worker has on appropriate PPE
 |
| * Worker has read and understands operation instructions
 |
| * Worker has been trained by a competent operator
 |
|  |
| **Procedure Checklist:** |
| * Worker performs correct pre-operation check
 |
| * Worker sets up safe work zone
 |
| * Worker operates recycler in the correct manner
 |
| * Worker takes all safety precautions
 |
| * Worker shuts down recycler correctly
 |
|  |
| ***Trainer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Training Complete (YES)/(NO) if no explain:**  |

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all relevant regulations, policies, procedures, and instructions while I am onsite or representing the company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker Signature:** |  |  | **Date:** |  |
| **Trainer****Signature:** |  |  | **Date:** |  |

|  |  |
| --- | --- |
| **Revised:**  | **Approved by: Brian Denbigh**  |