|  |  |  |
| --- | --- | --- |
| **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:** |  |

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