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| **Department:** | **City of Nanaimo** |  |
| **Subject:** | **Asphalt Saw Unit 6073 Training Checklist** |

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

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

*Tick the boxes as each topic is covered.*

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| **Pre-Set Up Checklist** |
| * Worker has read and fully understands operating instructions |
| * Worker has read and fully understands Safework procedure * Worker has been trained by a competent operator |
| * Worker understands the hazards around running the saw |
| * Worker has on appropriate PPE |
| * Worker has demonstrated he/she can load water tank and small pump on truck correctly |
| * Worker has demonstrated how to pre-trip truck and trailer correctly |
| * Worker has demonstrated how to connect trailer to truck correctly |
| * Worker has demonstrated how to pre-trip saw correctly |
| * Worker has demonstrated he/she can change blade correctly |
| * Worker has demonstrated how to load saw onto trailer correctly |
| **Procedure Checklist** |
| * Worker parks truck and saw correctly to allow for safe and easy operation of saw |
| * Worker sets up safe work zone |
| * Worker has demonstrated how to operate the saw in a safe manner |
| * Worker parks truck and saw correctly at the correct location at the end of day |
| ***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.

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

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