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| **Department:** | **City of Nanaimo**  |  |
| **Subject:** | **Unit #417 Hydro-Excavation 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.*

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| **Pre-Setup Checklist** Worker has read and fully understands Safework Procedure. Worker dons appropriate P.P.E. Worker sets up safe work zone. Worker parks truck to allow safe and easy operation of Hydro-excavation procedures.**Procedure Checklist** Worker safely engages/disengages P.T.O. Worker checks for overhead hazards before setting up tubes. Worker sets up digging tubes safely and effectively. Worker sets up digging wand and engages tool circuit. Worker checks for bystanders before commencing Hydro-excavating procedures. Worker demonstrates control of all front panel functions and vacuum relief valve. Worker understands how to shut down in case of emergency. Worker can effectively control boom and manoeuvre tubes while Hydro-excavating. Worker can use digging wand in a safe and effective manner. Worker can clean out water valve box safely using four inch tube. Worker understands the importance of considering proper hygiene while working around sanitary sewer systems Worker understands the potential for serious injury while working around high vacuum levels and high pressure water.  |
| ***Trainer Comments:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Training Complete (YES/NO) if no explain:** |
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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: |  |