|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department:** | **Eng & Public Works** | **Area:** | **Traffic** |  |
| **Subject:**  | **Line Lazer Training Checklist** |

**TRAINING CHECKLIST – LINE LAZER**

**(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** |
| * Safety
 |
|  |
|  |
|  |
|  |
| **Procedure Checklist** |
| * Load paint
 |
| * Refuel
 |
| * Charge pump
 |
| * Shutdown pump
 |
| * Clean tips
 |
| * Clean paint pump
 |
| ***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:** |  |

|  |  |
| --- | --- |
| **Date: 2010-Mar-15****Revised:**  | **Written by: Fred Walkosky****Manager’s Approval: Brian Denbigh** |