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| **Department:** | **City of Nanaimo** | **Training Checklist** |  |
| **Subject:** | **Unit #5009 Portable Flusher/Hydrovac**  |

**(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 safely hooks up trailer to vehicle and performs all safety checks. Worker sets up safe work zone. Worker parks truck to allow safe and easy operation of Unit #5009.**Procedure Checklist** Worker makes sure water pump is in “**Off**” position. Worker correctly starts engine and warms up for 5 minutes. Worker sets up for flushing from manhole or pipe opening correctly. Worker understands valve schematic. Worker demonstrates control of hose reel, water pressure and throttle with competence. Worker can use digging tube and wand safely and effectively. Worker advances/retracts rodder smoothly through pipe. Worker understands how to shut down in case of emergency. Worker retrieves and stows rodder hose, digging tube and wand for transport. Worker successfully dumps and cleans hopper and filter Worker understands operation of Unit #5009 requires **two** trained operators. Worker understands the importance of considering proper hygiene while working around sanitary sewer systems. |
| ***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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| Date written: 2010-Mar-30Revision Date | Written by: Riley St. Luke | Approved by: John Elliot |