# Powered Mobile Equipment: Operator Competency Form

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| **Supervisor:** Assess the employee in each area below using one of three ratings, then write a comment to support the rating. At minimum, the worker must meet expectations before being permitted to operate equipment independently.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **RATINGS** | | | | | | | | **Exceeds Expectations = 3** | | **Meets Expectations = 2** | | | **Needs Improvement = 1** | | | **CATEGORY** | | | | **RATING** | | **COMMENTS** | | **General:** | | | |  | |  | | Is certified (recertification required every three years) to operate equipment and proof of training is readily available. | | | |  | |  | | Follows instructions and asks appropriate questions for clarification. | | | |  | |  | | Demonstrates ability to keep the piece of equipment in a clean and orderly manner. | | | |  | |  | | Understands safety guidelines for equipment and demonstrates acceptable level of competency. | | | |  | |  | | Exhibits knowledge of safety operational techniques. | | | |  | |  | | Reviewed owners’ operator & maintenance manual. | | | |  | |  | | **Personal Protective Equipment [PPE]:** | | | |  | |  | | Always wears basic PPE (hardhat, safety glasses, hearing protection, safety boots, and gloves) where required. | | | |  | |  | | **Equipment Inspections:** | | | |  | |  | | Performs methodical walk-around inspection (checks for leaks, cracks) including fire extinguisher. | | | |  | |  | | Performs safety equipment and warning device checks. | | | |  | |  | | Performs pre-maintenance checks/ground controls/safety sensors (tilt). | | | |  | |  | | Completes pre-operation daily checklist. | | | |  | |  | | **Ergonomics:** | | | |  | |  | | Demonstrates proper climbing technique (maintaining 3-point contact, doesn’t climb with tools). | | | |  | |  | | **Equipment Operation:** | | | |  | |  | | Starts machine and listens for unusual sounds while machine is warming up. | | | |  | |  | | Demonstrates individual equipment functions and backup alarm check. | | | |  | |  | | Demonstrates start-up and shut-down functions. | | | |  | |  | | Demonstrates emergency equipment shut-down procedures (emergency stop button, etc.) | | | |  | |  | | Operates equipment to manufacturers’ specifications. | | | |  | |  | | Checks clearances in all directions and assigns spotter in congested areas. | | | |  | |  | | Controls are operated accurately. | | | |  | |  | | Motion of machine is smooth and coordinated/travels at safe speed and checks path of travel for hazards. | | | |  | |  | | Demonstrates the competent use of equipment controls. | | | |  | |  | |  | | | | | | | | **Review:** | | | | | | | | Month and year of next review: | | | | | | | |  | | | | | | | | **[Employee Name – Print]** | **[Employee Signature]** | | **[Sign-off Date]** | | | | |  |  | |  | | | | | **[Evaluator Name – Print]** | **[Evaluator Signature]** | | **[Sign-off Date]** | | | | |  |  | |  | | | | | **[Supervisor Name – Print]** | **[Supervisor Signature]** | | **[Sign-off Date]** | | | | |