

# OPERATOR PRACTICAL EXAMINATION



As employer, it is your responsibility to ensure your operators are trained specific to the equipment and gear they will be using, as well as the situation in which that equipment will be used. The training presentation and written exam satisfies the requirements for classroom training. But to be in complete compliance, regulations dictate that operators/workers must also pass a practical examination and observation portion.

This is the employer's opportunity to watch the trainee in a controlled environment in order to assess whether or not they have successfully applied in the field what he or she learned in the classroom.

While regulations do not specifically outline the extent of such an observation, you should take the time to observe them in regards to the jobs they will be performing on a daily basis. At the very least, this should entail going through a pre-shift inspection as well as basic principles governing safe operations or work practices.

If any voice and hand signals are required as part of the job, the worker should also demonstrate an understanding of these signals and their corresponding functions.

To assist with this responsibility, we have provided a general exam you may use in administering the practical examination. Feel free to use it as is or as a guide to create one more specific to your employee, equipment, worksite, or job needs.

## **HOW TO USE IT: *It's as easy as 1, 2, 3 . . .***

1. Simply observe their knowledge based on the modules included.
2. Go down the list, checking off that they satisfactorily performed each task.
3. When done, sign it and file it along with the examination and certificate.

Work Safe, Stay Safe

## Asbestos Safety Worker Evaluation Form

Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

The purpose of the asbestos safety evaluation form is to aid the evaluator in assessing the worker's competency to be in and operate around Asbestos. Items may be added or deleted depending on the operating environment or the needs of your company.

### Pre-Shift:

|   | Sat. | Unsat. | Remarks |
|---|------|--------|---------|
| Tools and Equipment   |      |        |         |
| Clothing  |      |        |         |
| PPE (Strong emphasis on respirator)                           |      |        |         |
| General Area  |      |        |         |
| Barriers and signs (If applicable)                            |      |        |         |
| Forms and permits completely filled out                       |      |        |         |
| Name all the materials in the work area that contain asbestos |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |

### During Operations:

|   | Sat. | Unsat. | Remarks |
|---|------|--------|---------|
| Tools   |      |        |         |
| Equipment being worked on                               |      |        |         |
| Uses wet methods  |      |        |         |
| No unauthorized individuals in work zones               |      |        |         |
| Sets up authorized area                                 |      |        |         |
| Enters and Exits authorized area properly               |      |        |         |
| Disposes of asbestos using proper procedures and labels |      |        |         |
|   |      |        |         |
|   |      |        |         |
|   |      |        |         |

### Post-Shift:

|  | Sat. | Unsat. | Remarks |
|--|------|--------|---------|
| Tools                                      |      |        |         |
| Equipment                                  |      |        |         |
| Puts wet methods away (If applicable)      |      |        |         |
| Barriers and signs (If applicable)         |      |        |         |
| PPE (Strong emphasis on respirator)        |      |        |         |
| Replaces vacuum bag                        |      |        |         |
| Goes through decontamination area properly |      |        |         |
|  |      |        |         |
|  |      |        |         |
|  |      |        |         |

Supervisor/Trainer Signature

Date