



OBSERVATION FORM



As employer, it is your responsibility to ensure your operators receive training 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 administered by a qualified trainer.

This is the employer's opportunity to observe trainees in a controlled environment in order to assess whether they have successfully applied the principles from the classroom instruction.

While regulations do not specifically outline the extent of such an observation, you should take ample time to observe the trainee practicing the tasks they will be performing on the work site. At the very least, this should include carrying out a pre-shift inspection as well as other basic principles that govern safe operations or work practices.

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

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

HOW TO USE IT:

- 1** Simply **OBSERVE** the trainee's competency based on the modules included.
- 2** Follow the list, **CHECKING THE BOX** to indicate whether they satisfactorily performed each task.
- 3** When done, **SIGN AND FILE** this form along with the examination record and certificate.

WORK SAFE, STAY SAFE



OBSERVATION FORM

EMPLOYEE'S NAME: _____ TOPIC/EQUIPMENT: _____

EVALUATOR'S NAME: _____ TITLE: _____

The purpose of the evaluation form is to aid the evaluator in assessing the worker's competency to safely apply in the field the principles learned in the classroom. Items may be added or deleted depending on the working environment or the needs of your employees and company.

CONFINED SPACE

SATISFACTORY?		TASK	REMARKS
YES	NO		
PRE-SHIFT (VISUAL, FUNCTIONAL):			
		Evaluation of Site for Confined Space Locations	
		Sets up Barriers	
		Obtains any Permits Necessary for Work	
		Posts Permits at the Job Site	
		Comprehensive Knowledge or Duties for	
		• Supervisor	
		• Attendant	
		• Entrant	
EQUIPMENT INSPECTION:			
		Thorough Inspection of Necessary PPE	
		Complete Inspection of Full Body Harness	
		Thorough Inspection of Lanyards & Retrieval Lines	
		Establishes Comprehension of Respirator Inspection	
		Checks Tank Pressure	
		Changes Filters or Cartridges	
		Checks Straps & Face Shield	
		Examines All Parts of Ventilation System	
		Checks for Explosion Proof Lighting	
ATMOSPHERIC MONITORING & VENTILATION:			
		Knows Permissible Hazard Levels (O ₂ , L.F.L., Toxicity)	
		Dons Proper PPE Including Respiratory Protection if Needed	
		Selects Appropriate Monitor	
		Performs Bump-Test or Re-Calibration	
		Tests for Hazards in Correct Order	



OBSERVATION FORM

		Tests at Various Levels Within the Space	
		Determines Need for Ventilation	
		Periodically Conducts Atmospheric Monitoring	
		Documents Readings	
OPERATIONS:			
		Complete Tri-Pod Set-up	
		<ul style="list-style-type: none"> • Legs Properly Pinned 	
		<ul style="list-style-type: none"> • Chain Tightened & Secured 	
		Construct Retrieval System	
		Construct Retrieval Line	
		Establish Adequate Lighting	
		Conducts Isolation of Space	
		<ul style="list-style-type: none"> • Lockout/Tagout 	
		<ul style="list-style-type: none"> • Double Block & Bleed 	
		<ul style="list-style-type: none"> • Blinding/Blanking 	
		<ul style="list-style-type: none"> • Proper Ventilation 	
		Verify Atmospheric Conditions by Recheck	
ENTRANCE & EXIT:			
		Selects & Uses PPE Correctly	
		Check & Communicates Understanding of Hazards in Permits	
		Safely & Correctly Enters Space	
		Maintains Communications	
		Demonstrates What to do if Unauthorized Employee Enters Work Area	
		Operates Selected Retrieval System Correctly	
		Checks All Entrants Have Left the Space	
		Permit Cancelled	
		Equipment Cleaned & Returned	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

DECONTAMINATION

STATION		TASK	COMPLETED
MAXIMUM MEASURE FOR LEVEL A DECONTAMINATION:			
1	Segregated Equipment Drop	Deposit equipment used on site (tools, sampling devices & containers, monitoring instruments, radios, clipboards, etc.) on plastic drop cloths or in different containers with plastic liners. During hot weather operations, a cool down station may be set up within this area.	
2	Boot Cover & Glove Wash	Scrub outer boot covers & gloves with decon solution or detergent/water.	
3	Boot Cover & Glove Rinse	Rinse off decon solution from station 2 using copious amounts of water.	
4	Tape Removal	Remove tape around boots & gloves & deposit in container with plastic liner.	
5	Boot Cover Removal	Remove boot covers & deposit in container with plastic liner.	
6	Outer Glove Removal	Remove outer gloves & deposit in container with plastic liner.	
7	Suit & Boot Wash	Wash encapsulating suit & boots using scrub brush & decon solution or detergent/water. Repeat as many times as necessary.	
8	Suit & Boot	Rinse of decon solution using water. Repeat as many times as necessary.	
9	Tank Change	If an air tank change is desired, this is the last step in the decontamination procedure. Air tank is exchanged, new outer gloves & boot covers donned, & joints taped. Worker returns to duty.	
10	Safety Boot Removal	Remove safety boots & deposit in container with plastic liner.	
11	Fully Encapsulating Suit & Hard Hat Removal	Fully encapsulated suit is removed with assistance of a helper & laid out on a dropcloth or hung up. Hard hat is removed.	
11	Fully Encapsulating Suit & Hard Hat Removal	Hot weather rest station maybe set up within this area for personnel returning to site.	
12	SCBA Backpack Removal	While still wearing facepiece, remove backpack & place on table. Disconnect	



OBSERVATION FORM

		hose from regulator valve & proceed to next station.	
13	Inner Glove Wash	Wash with decon solution that will not harm the skin. Repeat as many times as necessary.	
14	Inner Glove Rinse	Rinse with water. Repeat as many times as necessary.	
15	Face Piece Removal	Remove face piece. Deposit in container with plastic liner. Avoid touching face with fingers.	
16	Inner Glove Removal	Remove inner gloves & deposit in container with liner.	
17	Inner Clothing Removal	Remove clothing & place in lined container. Do not wear inner clothing off-site since there is a possibility that small amounts of contaminant might have been transferred in removing the fully encapsulating suit.	
18	Field Wash	Shower if highly toxic skin-corrosive or skin-absorbable materials are known or suspected to be present. Wash hands & face if shower is not available.	
19	Redress	Put on clean clothes.	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

EMERGENCY PROCEDURES

SATISFACTORY?		TASK	REMARKS
YES	NO		
EMERGENCY PROCEDURES:			
		Initiating Emergency Response	
		Assessing/Reporting Emergencies	
		Emergency Evacuation	
		Public Evacuation	
		Emergency Transportation	
		Victim Recovery Procedures	
		Emergency Decontamination	
		Emergency First Aid	
		Drum & Container Handling	
		Pressurized Drums/Containers	
		Opening Drums/Containers	
		Spill Response	
		Spill Control	
		Spill Elimination	
		Fire Control	
		Cleanup	
		Response Follow-Up	
		Documentation	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

HAZARD RECOGNITION

SATISFACTORY?		TASK	REMARKS
YES	NO		
HAZARD RECOGNITION:			
		Create mock hazards, violations. Have the employee point out areas that are potentially hazardous or in violation of standards	
		Have the employee demonstrate understanding of hazard classes	
		Have employee identify pictograms & explain potential hazards represented	
		Have the employee locate & navigate the SDS for specific chemicals	
		Have the employee identify the types of chemicals that can increase risk of a fire or explosion	
		Have the employee identify risks of contracting blood borne pathogens on site	
		On site, have the employee spot & point out environmental risks	
		Have the employee correctly identify parts of labels on hazard chemical containers	
		Ensure the employee correctly identify the hazard color coding for NFPA ratings	
		Ensure that the employee knows how to understand the hazardous materials identification system	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

MEDICAL SURVEILLANCE

Hazard Identification

Medical programs need to be site specific due to the various hazardous materials encountered at each site. Take a moment to list some of the known hazards encountered at your work site.

Health Assessment

Each worker is unique and has their own specific situation. It is important that your company understand any limitations that you may have. Take a moment to write down some things (pertaining to a workers previous medical or occupational history) that could affect a worker's ability to work effectively while dealing with hazardous waste.

Periodic Medical Exams

While working on a hazardous waste site, it is important to receive periodic medical exams to detect early signs of adverse health effects due to waste exposure. Write down some of the situations in which you should receive an exam as well as the different exams available.



OBSERVATION FORM

SATISFACTORY?		QUESTION	REMARKS
YES	NO		
EMERGENCY TREATMENT PLAN:			
		Who is the director of your medical program?	
		Where are some first aid kits located on your site?	
		Do you have an AED available on your work site?	
		In case of emergency, what are your means of communication?	
		Who is your first contact in case of an emergency?	
		Do you know where the emergency contact list is located? Where?	
		Do you know who is trained in emergency first aid on your site? Who?	
		Do you have an EMT on your emergency response team? Who?	
		Do you have a specific role to perform in case of an emergency? What?	
		Are you familiar with emergency decontamination procedures & what to do for them?	
		Which hospital or medical facility are you to report to in case of an emergency?	
		Do you have an evacuation plan? If so, where do you meet?	
PROGRAM REVIEW:			
		When was your last safety training performed?	
		What was discussed at the training?	
		When is the next safety training scheduled for?	
		What would you like to discuss in the next training?	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

PPE

SATISFACTORY?		TASK	REMARKS
YES	NO		
PRE-SHIFT (VISUAL, FUNCTIONAL):			
		Respirators	
		• Selects Proper Respiratory Protection	
		• Checked Facepiece for Cracks/Damage	
		• Filters & Valves	
		• Demonstrates Proper Seal	
		• Positive Pressure Test	
		• Negative Pressure Test	
		• Straps Checked for Breaks, Frays, Loss of Elasticity. & Malfunctioning Buckles	
		Encapsulating Suits:	
		• Inspects for any Cuts, Tears, or Damage	
		• Pressure Test	
		Body Protection	
		Head Protection	
		Eye Protection	
		Hand Protection	
		Foot Protection	
OPERATIONS/POST-SHIFT:			
		Demonstrates knowledge of protocol if PPE is damaged	
		Visually inspects for Damage Sustained During Work	
		Put Away in Proper Storage Locations	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

SITE CHARACTERIZATION

SATISFACTORY?		TASK	REMARKS
YES	NO		
SITE CHARACTERIZATION:			
		Facility Name, Address, & Phone Number	
		Site Proximity to Sensitive Areas	
		Type of Facility, Past & present operations	
		Previous Spill History	
		Number & Volume of Underground Storage Tanks (UST's)	
		Soil Series Description (USDA, Soil Conservation Service)	
		Types of Bedrock	
		Depth to Ground Water	
		Hazardous Substance Information Form Identified & Located	
		Site Map That Identifies Above Ground Features (Buildings, Roadways, Man Ways, Pump Islands, Property Lines)	
		Nearest of Results & Conclusions of the Data Collected	
		Recommendations for Continual Monitoring of the Site	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

DRUM HANDLING

SATISFACTORY?		TASK	REMARKS
YES	NO		
INSPECTIONS:			
		Preliminary Plan is Created With Specific Handling Information to the Job	
		All Non-Essential Employees are Cleared From Area Where Drum Handling Takes Place	
		Employees are Made Aware of Potential Hazards with Drum Contents	
		Employee Inspects Drum Integrity	
		All Unlabeled Drums Are Positively Identified, Then Labeled	
		Drums Under Pressure Are Not Moved Until Properly & Safely Depressurized	
		Proper Shielding is Placed for Employees Working Around Drums Being Opened	
		Drums That Can't be Moved Without Leakage or Rupture are Emptied into Sound Container	
		Drums with Radioactive Waste Are Not Moved Until Their Hazard is Properly Assessed	
		Proper Precautions Were Taken With Drums Containing Shock Sensitive Waste	
		Staging Areas Are Kept to the Minimum Number to Safely Identify/Classify Materials for Transport	
		Continuous Communication (Portable Radio, Hand Signals, etc.) Was Being Used	
		Proper PPE is Chosen & Properly Worn	
		Employee Shows Knowledge of Proper Stacking Limitations	
DRUM HANDLING:			
		Equipment is Inspected & Working Properly Prior to Moving Any Drums	
		Demonstrates How to Safely Operate Material Handling Equipment	
		Proper Hand Lifting Techniques Are Utilized	



OBSERVATION FORM

OTHER:

		Lab Packs Were Classified & Working Properly to Moving Any Drums	
		Shows Knowledge of Compatible Materials When Bilking containers	
		Chooses Correct Pumps, Valves, Hoses, & Gaskets for Materials Being Pumped	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

EXCAVATION & TRENCHING

SATISFACTORY?		TASK	REMARKS
YES	NO		
EXCAVATIONS & TRENCHES:			
		Excavations are Inspected by a Competent Person for Potential Cave-Ins	
		Soils Samples are Properly Placed Enough Distance Away From the Excavation	
		If Being Used, Shoring is Completed Correctly	
		If Being Used, Benching is Completed Correctly	
		If Required, Adequate Protective Systems are Inspected Prior to Placement	
		Trench Box or Other Shielding Systems are Inspected Prior to Placement	
		Trench Boxes or Other Shielding are Properly Placed Within the Excavation	
		Means of Access & Egress are Properly Located Throughout the Excavation	
		Atmospheres Within the Excavations Have Been Tested for Hazardous Conditions	
		Registered Engineer Approves the Excavation Does not Pose Hazard to Employees	
		Others:	
HEAVY MACHINERY:			
		Operators Conduct Pre-Shift Inspections	
		Any Issues Found with the Equipment is Reported & Fixed Prior to Use	
		Machinery is Operated Around the Site in a Safe Manner	
		Mirrors & Alarms are Properly Used Throughout the Site During Operation	
		Other:	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

ILLUMINATION, SANITATION, & NEW TECHNOLOGY

SATISFACTORY?		TASK	REMARKS
YES	NO		
ILLUMINATION:			
		Correct Light Meter is Chosen Based on the Type of Lighting Source Being Used	
		Shows Adequate Knowledge of How to Use & Read Light Meter	
		Extension Cords Used Are Properly Grounded & Not in the Way of Work Being Done	
		Fixed & Temporary Lighting Provide Adequate Amount of Lighting	
		Lighting is Clean & Dusted to Achieve Maximum Brightness	
		Other:	
SANITATION:			
		Adequate Supply of Potable Water is Provided On Site	
		Potable & Non-Potable Water Are Clearly Labeled & Separated	
		Adequate Number of Toilets Are Provided	
		If Necessary, Wash Facilities, Showers, & Change Rooms Are Provided	
		Employees Wash Their Hands at Regular Intervals	
		Work Areas Are Kept Clean & Remain Free of Debris	
		Other:	
NEW TECHNOLOGIES:			
		Employees Are Aware & Trained with Any "New Technologies" Implemented	
		Other:	

Supervisor/Trainer Name & Signature

Date



OBSERVATION FORM

SITE MONITORING

SATISFACTORY?		TASK	REMARKS
YES	NO		
AIR MONITORS:			
		Calibrating the Pump:	
		<ul style="list-style-type: none"> Checks Battery for Full Charge 	
		<ul style="list-style-type: none"> Inspects Media & Tubing for Damage 	
		<ul style="list-style-type: none"> Connects Tubing From Calibrator to Media, & From Media to Air Pump Properly 	
		<ul style="list-style-type: none"> Ensures there is no blockage Affecting Flow Rate Through Tubing 	
		<ul style="list-style-type: none"> Makes Adjustments on Pump so That it Meets Desired Flow Rate 	
		Operating the Pump:	
		<ul style="list-style-type: none"> Selects Correct Pump & Media for the Job at Hand 	
		<ul style="list-style-type: none"> Attaches Tubing & Sampling Media Properly 	
		<ul style="list-style-type: none"> Proper Flow Rate is Set on the Pump 	
		<ul style="list-style-type: none"> Media is Placed in the Breathing Zone 	
		<ul style="list-style-type: none"> Pump is Used for Adequate Enough Time to Take a Usable Sample 	



OBSERVATION FORM

SAMPLES:

		Accurately Collects Sample Using Chosen Media	
		Properly Documents Location Samples Were Taken	
		Sampling Media is Properly Sealed & Secured	
		Sample is Properly Labeled With All Needed Information	
		Documentation for Sample Taken is Created & Properly Filled Out	
		Chain of Custody Form is Filled Out Accurately	
		Package for Shipment is Prepared Adequately for the Sample	

Supervisor/Trainer Name & Signature

Date