



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 | |



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| | | | |
|-----------------------------|--|---|--|
| | | 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 | |



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| | | | |
|----|------------------------|--|--|
| | | 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 | |

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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 | |

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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? | |

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PPE

| SATISFACTORY? | | TASK | REMARKS |
|---------------------------------|----|--|---------|
| YES | NO | | |
| PRE-SHIFT (VISUAL, FUNCTIONAL): | | | |
| | | Respirators | |
| | | <ul style="list-style-type: none">Selects Proper Respiratory Protection | |
| | | <ul style="list-style-type: none">Checked Facepiece for Cracks/Damage | |
| | | <ul style="list-style-type: none">Filters & Valves | |
| | | <ul style="list-style-type: none">Demonstrates Proper Seal | |
| | | <ul style="list-style-type: none">Positive Pressure Test | |
| | | <ul style="list-style-type: none">Negative Pressure Test | |
| | | <ul style="list-style-type: none">Straps Checked for Breaks, Frays, Loss of Elasticity. & Malfunctioning Buckles | |
| | | Encapsulating Suits: | |
| | | <ul style="list-style-type: none">Inspects for any Cuts, Tears, or Damage | |
| | | <ul style="list-style-type: none">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 | |

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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 | |

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