



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.

| SATISFACTORY? | | TASK | REMARKS |
|---------------------------------|----|--|---------|
| YES | NO | | |
| PRE-SHIFT (VISUAL, FUNCTIONAL): | | | |
| | | Visual Inspection of Hearing PPE | |
| | | Proper Insertion of Earplugs | |
| | | Proper Placement of Head Band | |
| | | Proper Placement of Earmuffs | |
| | | Visual Examination of Barriers & Foam | |
| | | Proper Placement of Barriers | |
| | | | |
| | | | |
| OPERATIONS: | | | |
| | | Verify That Earplugs Remain Completely & Properly Inserted | |
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| ADDITIONAL/ POST-SHIFT: | | | |
| | | Cleaning | |
| | | Proper Storage or Disposal | |
| | | | |
| | | | |
| | | | |
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| | | | |

Supervisor/Trainer Name & Signature

Date