



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		
IDENTIFYING SIGNS & SYMPTOMS OF OPIOID OVERDOSE:			
		Notes Person Receiving New Medication often/Losing Medication	
		Notes Constricted Pupils	
		Notes Drowsiness and/or Insomnia	
		Notes Person Ignoring Responsibilities & Obligations	
		Notes Confusion or Dizziness	
		Notes Depression & Withdrawal From Family & Friends	
		Notes Mood Swings or Changes to Energy Levels	
		Notes Signs of Withdrawal Such as, Sweating, Shaking, Runny Nose, Irritability, or Anxiousness	
HANDLING WORKPLACE SUSPICION:			
		Document Observations	
		Employee Does Not Approach the Person Directly	
		Employee Uses Best Judgment & Discretion When Signs are Noticed	
		Employee Speaks with Management About Concerns	
		Employer Checks Policies	
		Employer Observes Employee	
		Employer Meets with Employee	
		Employer Sends Employee to Receive Drug Testing	



OBSERVATION FORM

IDENTIFYING & TREATING OPIOID OVERDOSE:

		Identifies Blue Lips	
		Pin Point Pupils	
		Slurred Speech	
		No Breathing or Slow Breathing	
		Drowsiness	
		Slumped Over & Not Responding	
		Vomiting or Gurgling Noises	
		Cold Skin	
		Administrators Naloxone with Nasal Spray or in Injection Form	

Supervisor/Trainer Name & Signature

Date