



# OBSERVATION FORM



As an 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 satisfy 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 worksite. 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**



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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		
BEHAVIOR:			
		Unsteady gait, stumbling	
		Drowsy, sleepy, lethargic	
		Hostile, belligerent	
		Irritable, moody	
		Depressed, withdrawn	
		Unresponsive, distracted	
		Uncoordinated	
		Tremors or shakes	
		Flu-like illness complaints	
		Suspicious, paranoid	
		Hyperactive, fidgety	
		Inappropriate or uninhibited behavior	
		Uses mints, mouthwash, or eye drops often	
APPEARANCE:			
		Flushed complexion	
		Cold, clammy sweats	
		Bloodshot eyes	
		Tearing, watery eyes	
		Constricted pupils	
		Dilated pupils	
		Unfocused	
		Disheveled clothing	
		Unkempt appearance	
EMOTIONAL:			
		Crying, mood swings	
		Aggressive, defensive	
		Panicked, anxious	
		Fearful	
SPEECH:			
		Slurred	
		Incoherent	
		Exaggerated enunciation	



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		Loud, boisterous	
		Rapid, pressured	
		Excessively talking	
		Nonsensical, silly	
		Cursing, inappropriate speech	
<b>ODORS:</b>			
		Excessive cologne or perfume	
		Marijuana	
		Alcohol	
		Body odor	

\_\_\_\_\_  
Supervisor/Trainer Name & Signature

\_\_\_\_\_  
Date