# 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

## FALLS

**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):** | | | |
| | | Knows Where Fall Protection is Stored | |
| | | Shows an Understanding of Body Harness | |
| | | Shows an Understanding of Lanyards & Different Types Used on Site | |
| | | Checks for Required Markings, Weight Restrictions & Labels | |
| | | Inspects Harness | |
| | | Inspects Buckles | |
| | | Inspects Grommets | |
| | | Inspects for any Cuts, Scrapes, Burns, or any Other Damage That Could Compromise the Strength of the Harness | |
| | | Inspects Lanyard for Damage | |
| | | Inspects Anchor Points Visually | |
| | | Demonstrated Ability to Correctly Wear Fall Protection | |
| | | Demonstrates Understanding of What to do When Damage is Noted | |
| | | Demonstrates Ability to Properly Adjust Equipment | |
| | | Checks Walking Surfaces for: | |
| | | Cracks | |
| | | Breaks | |
| | | Protruding Objects | |
| | | Spills | |
| | | Signs | |
| | | Proper Lighting | |
| | | Knows Where Spill Clean Kit is Located | |
| | | Knows Where Barriers, Signs, & Barricades are Located | |
| | | | |

# OBSERVATION FORM

| | | | |
|---|---|---|---|
| **OPERATIONS:** | | | |
| | | Demonstrates Ability to Use the Equipment Properly | |
| | | Demonstrates Ability to Follow All Fall Protection Standards | |
| | | Uses a Spotter Correctly (if necessary) | |
| | | Demonstrates Understanding of Potential Hazards | |
| | | Wear Other Necessary PPE | |
| **ADDITIONAL/POST-SHIFT:** | | | |
| | | Inspects Equipment After Use | |
| | | Stores Equipment Out of Water or Other Liquids | |
| | | Stores Equipment Off the Ground | |
| | | Stores Equipment Out of the Sun | |
| | | Demonstrates Understanding of What to do When Damage is Noted | |
| | | Cleans Any Spill Properly | |
| | | Marks Any Slipping or Tripping Hazards | |
| | | Does Not Leave Tools or Materials on the Floor | |
| | | Puts Away Everything at the End of the Day | |

Supervisor/Trainer Name & Signature _____ Date _____

# OBSERVATION FORM

## ELECTROCUTION

**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):** | | | |
| | | Performed Risk Assessment | |
| | | Clothing | |
| | | PPE | |
| | | Tools & Equipment | |
| | | Any LOTO Devices | |
| | | Barriers & Signs | |
| | | Forms & Permits Completely Filled Out | |
| | | | |
| **OPERATIONS:** | | | |
| | | Tools | |
| | | Equipment Being Worked On | |
| | | Wires & Cables | |
| | | No Unauthorized Individuals in Work Zones | |
| | | | |
| **ADDITIONAL/POST-SHIFT:** | | | |
| | | Tools Properly Stored | |
| | | Equipment properly Stored | |
| | | LOTO Devices Removed | |
| | | Barriers & Signs | |
| | | PPE Properly Stored | |
| | | | |

_____ _____

Supervisor/Trainer Name & Signature Date

# OBSERVATION FORM

## STRUCK-BY

**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 | | |
| **LOADS:** | | | |
| | | Secures Load | |
| | | Lowers Load & Powers Down Machine Before Exiting | |
| | | Avoids Working Underneath Loads | |
| | | Inspects Machinery for Damage & Wear | |
| **CRANES:** | | | |
| | | (Signalers) Maintains Communication with Machine Operators | |
| | | (Signalers) Keeps Unauthorized Workers Out of the Operating Area | |
| | | Prevents Swinging Loads | |
| | | (Crane Operators) Demonstrates How to Prevent Swinging Loads | |
| | | Avoids Swing Radius | |
| **HEIGHTS:** | | | |
| | | Secures Tools | |
| | | Uses Tool Tethering Systems Correctly | |
| | | Hoists Tools Safely in Buckets | |
| | | Inspects Elevated Work Platforms for<br>• Toe Boards<br>• Guardrails<br>• Screens or Panels | |
| | | Inspects Canopies or Nets for Damage | |
| | | Stays Focused on Task | |
| | | Stops Machine Completely to Clear Debris | |
| | | Knows How to Respond to Emergencies | |
| **HOUSEKEEPING:** | | | |
| | | Cleans Work Area During, & After Work | |
| | | Stores Equipment Away From Working Edges | |
| | | Stores Bricks Correctly | |

# OBSERVATION FORM

| | | | |
|---|---|---|---|
| | | Maintains Barricades | |
| | | Correctly Identifies Hazards on the Worksite | |
| | | | |
| **PPE:** | | | |
| | | Inspects PPE for Wear & Damage | |
| | | Wears Appropriate PPE | |
| | | Dons PPE Correctly | |
| | | | |
| **ADDITIONAL:** | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Supervisor/Trainer Name & Signature

Date

# OBSERVATION FORM

## CAUGHT-IN/BETWEEN

**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 | | |
| **LOCKOUT/TAGOUT:** | | | |
| | | Have the Worker Correctly Name the Various Types of Lockout Devices | |
| | | Have the Worker Point Out Correct Forms of Lockout Devices (Mix With Unapproved Items) | |
| | | Have the Worker Point Out Correct Forms of Tagout Devices (Mix with Unapproved Items) | |
| | | Have the Worker Explain the Requirements for LOTO Devices (Durable, Substantial, Standardized, Identifiable, etc.) | |
| | | Make Sure the Worker Knows How to Properly Fill Out a Tagout Device | |
| | | Have the Worker Explain the Main Energy Types | |
| | | Have the Worker Find the Energy Control Program Then Locate Specific Sections | |
| | | Have the Worker Explain the Different Employees | |
| | | Observe the Worker Communicating a Pending Lockout & Tagout With the Appropriate Groups | |
| | | Observe the Worker Shutting Down the Equipment | |
| | | Observe the Worker Applying Lockout Devices | |
| | | Observe the Worker Applying Tagout Devices | |
| | | Observe the Worker Isolating All Energy Sources | |
| | | Observe the Worker Verifying the Energy Isolation | |
| | | Observe the Worker When Working with Multiple People Working on Multiple Pieces of Equipment | |

# OBSERVATION FORM

| | | | |
|---|---|---|---|
| | | Observe the Worker Communicating a Power Up Then Powering the Equipment Back On | |
| | | Ensure the Worker Understand, Inspects & Uses the Appropriate PPE for the Job | |
| | | Ensure the Worker Knows How to Handle Unauthorized Employees | |
| | | Ensure the Worker Knows What to do in Case of Accident or Emergency | |
| | | | |

Supervisor/Trainer Name & Signature _____ Date _____

# OBSERVATION FORM

## MACHINE GUARDING

**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):** | | | |
| | | Machine Bolted or Fastened Down | |
| | | Area Clear From Anything Falling Onto Machine | |
| | | All Guards in Place | |
| | | All Guards Function Properly | |
| | | All Guards Set Properly | |
| | | Power Cord/Battery | |
| | | Outlet (If Necessary) | |
| | | Covers | |
| | | Warning Labels, Ratings | |
| **OPERATIONS:** | | | |
| | | PPE | |
| | | List Potential Hazards | |
| | | Stays Focused on Task | |
| | | Uses Guards Properly | |
| | | Stops Machine Completely to Clear Debris | |
| | | | |
| **ADDITIONAL/POST-SHIFT:** | | | |
| | | Waits for Machine to Come to Complete Stop Before Leaving | |
| | | Cleans Area | |
| | | Puts PPE in Proper Place | |
| | | Covers Machine or Puts it Away (If Necessary) | |
| | | | |

_____ _____

Supervisor/Trainer Name & Signature Date

# OBSERVATION FORM

## TRENCHING

**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-EXCAVATION (VISUAL, FUNCTIONAL):** | | | |
| | | Soil Classification, Inspection | |
| | | Protective System Install | |
| | | Access/Egress Set-Up | |
| | | Utilities – Call, Demarcation | |
| | | Protective System Inspection | |
| | | Inspect Walls | |
| | | Inspect Pins, Bars | |
| | | Inspect Hydraulics, Hoses, Connections | |
| | | Warning Labels, Capacity Tags | |
| **OPERATIONS:** | | | |
| | | PPE | |
| | | List Potential Hazards | |
| | | Barricade, Cone Set-Up | |
| | | Spoil Pile, Etc. Distance From the Edge | |
| | | Water Removal | |
| | | | |
| **ADDITIONAL/POST-SHIFT:** | | | |
| | | Protective System Uninstall | |
| | | Equipment Removal, Stowing | |
| | | Backfilling | |
| | | Fill Out Damage Report | |
| | | | |

_____ _____

Supervisor/Trainer Name & Signature Date