

PALM BEACH COUNTY

OFF ROAD VEHICLE / HEAVY EQUIPMENT SKILLS ASSESSMENT FORM

This form is to be completed by the Immediate Supervisor at the completion of the employees training period. A separate form must be completed for each piece of equipment the employee operates. The Supervisor will maintain a copy for their records, and also forward a copy to Risk Management. Completion of this form does not eliminate the need for equipment specific training if offered through Risk Management, but does allow an employee to begin operating equipment (at the Supervisor's discretion) until this training can be provided.

Date: _____ **Employee Name:** _____

Department: _____

Supervisor: _____ **Evaluator:** _____

Equipment Being Used: _____

	Yes	No	N/A
<u>Pre-Trip:</u>			
Checks Oil, Lights, Mirrors	_____	_____	_____
Performs a Visual Inspection	_____	_____	_____
Fastens Seat Belt	_____	_____	_____
Adjusts Mirrors	_____	_____	_____
Starts Engine, Checks Gauges	_____	_____	_____
Matches Load with Capacity	_____	_____	_____
<u>Safe Operation:</u>			
Wears Proper PPE	_____	_____	_____
Uses Controls and Knows their Function	_____	_____	_____
Maintains Proper Speed	_____	_____	_____
Avoids Tailgating	_____	_____	_____
Scans Effectively	_____	_____	_____
Starts / Stops Smoothly	_____	_____	_____
Secures Unattended Vehicle	_____	_____	_____

Overall Evaluation: (Employee operates vehicle safely and in control at all times)

Satisfactory _____ Not Satisfactory _____ **

Evaluator Signature _____

Employee Signature _____

Supervisor Signature _____

****Further Training / Evaluation by Risk Management Required.**