

# EMPLOYEE TRAINING EVALUATION for:

(Please Print Employee's Name)

Today's Date: \_\_\_\_\_ Job Title(s): \_\_\_\_\_

Primary Evaluation Supervisor: \_\_\_\_\_

Updated Evaluation  PIT (Forklift) Operator Evaluation (*Update is Required Every 3 Years*)

\_\_\_\_\_  Authorization / Permission to Drive and Operate Vehicle(s) / Equipment

## Personal Protective Equipment (PPE)

*The above-named employee has been furnished and/or has in their possession the item(s) indicated in the following checklist. The PPE as indicated below is all in new and/or serviceable condition as of this date. It is understood by the employee that the timely use and proper maintenance of this equipment is required by OSHA regulations and/or company policy for the safe performance of his/her job duties and functions, as well as the safety of his/her fellow employees. Any training, issues, and/or questions regarding the PPE shall be directed to and addressed by the employee's immediate supervisor, as named above.*

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Proper Work Clothing                        |
| <input type="checkbox"/> Eye Protection     | <input type="checkbox"/> Coveralls / Aprons                          |
| <input type="checkbox"/> Hand Protection    | <input type="checkbox"/> Respiratory Protection ( <i>Voluntary</i> ) |
| <input type="checkbox"/> Head Protection    | <input type="checkbox"/> Power Tools / Welding Equipment             |
| <input type="checkbox"/> Foot Protection    | <input type="checkbox"/> _____                                       |

## General Safety Awareness / Knowledge of Policies and Procedures

- Inspection and identification of workplace hazards;** employee demonstrates a through operational knowledge of practices associated with his/her specific job environment, per the company's safety and health policy requirements.
- Understanding of tools and equipment;** employee exhibits a working knowledge in the safe and responsible operation and function of the primary items used in the performance of his/her job assignment(s).
- Familiarity with accident/near-miss reporting;** employee demonstrates a through awareness of the company's reporting policies as they relate to themselves, as well as his/her co-workers.
- Understanding of company policies and standards;** employee has read our company's Safety / HR Policy Handbook and its associated materials and understands what is expected of him/her in order to function as a safe and productive member of our company's work force.
- \_\_\_\_\_

*The above-named employee and the designated supervisor have participated in and completed an interactive training evaluation process, as described above. By our signatures below, both parties agree to continue to participate in any additional training and/or occupational education mandated by statute, regulation, and/or internal policy.*

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Supervisor's Signature)