Worker Assessment Checklist-Heavy Equipment Operator

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| **Worker Name** *(first & last)***:** |  | | | **Date of Assessment:** | |
| **Worker Occupation:** |  | | |  | **New Worker** |
|  | **Young Worker** |
|  | **Observation** |
|  | **Monthly Assessment** |
| **Activity being assessed:** |  | | |  | |
| **Company Policies & Procedures** | | **Check if Safe** | **Include comments both positive and when improvement is needed.** | | |
| **Emergency Response Plan (ERP)** | | | | | |
| Can locate ERP | |  |  | | |
| Knows personal location on map | |  |  | | |
| Can locate muster point and ETV | |  |  | | |
| Can identify 1st Aid attendant(s) | |  |  | | |
| Has appropriate 1st Aid equipment | |  |  | | |
| Has appropriate fire tools and extinguishers | |  |  | | |
| Understands right to refuse unsafe work and what to do when unplanned issues come up | |  |  | | |
| **Before “Clear to Approach” Signal Given** | | | | | |
| Radio contact, stops work & makes eye contact | |  |  | | |
| Stops all moving parts or tools | |  |  | | |
| Lowers blade / boom / head / saw | |  |  | | |
| Performs all lockout required | |  |  | | |
| Gives “clear to approach” signal | |  |  | | |

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| **Safe Work Procedures for Task** | | | |
| Can identify worksite hazards | |  |  |
| Can describe how hazards are eliminated, controlled or managed. | |  |  |
| Is alert and focused on job | |  |  |
| Demonstrates safe use of tools & equipment | |  |  |
| Demonstrates Lock-out procedures | |  |  |
| Uses 3 point mount / dismount | |  |  |
| Has completed pre work checks on tools and equipment. | |  |  |
| Wears seat belt when operating equipment (including vehicles) | |  |  |
| Follows work instructions | |  |  |
| **Personal Protective Equipment (PPE)** | | | |
| Hard hat of required colour | |  |  |
| Uses appropriate eye / face protection | |  |  |
| Uses required hearing protection | |  |  |
| Wears high visibility / protective clothing | |  |  |
| Wears appropriate footwear for job | |  |  |
| **Company Evaluation Score: 1 2 3** | | | |
| Quality of Work and Production | |  |  |
| Understands Work Plans | |  |  |
| Work Ethic and Consistency | |  |  |
| Teamwork and Cooperation | |  |  |
| Punctuality | |  |  |
| Safety Meeting Involvement | |  |  |
| Care of Company Equipment | |  |  |
| Cleanliness of Machine Cab and Pick-up | |  |  |
| Daily Servicing | |  |  |
| Overall Safety Attitude | |  |  |
| **1=Poor 2=Average 3=Excellent Total score: /30**  **Follow up required:** | | | |
| Worker is competent to perform assigned duties under normal supervision. | | | |
|  |  | | |
| **Signature of Employee / Contractor** | **Name & Signature of Supervisor / Trainer** | | |