Minnesota Department of Transportation
EQUIPMENT TRAINING/QUALIFICATION FORM

TRAINEE NAME: _______________________________ LOCATION: _______________________________

TYPE OF EQUIPMENT: ____________ Articulated, Level 1

EQUIPMENT COURSE CODE: ____________

NUMBER OF HOURS NEEDED PRIOR TO QUALIFICATION: (Minimum): ____________ (Maximum): ____________

FORM INSTRUCTIONS

Equipment Walk-Around Procedures:
► The walk-around procedure must be completed prior to on-the-job (OJT) training.
► All walk-around procedures are equipment specific. For a full explanation and information on the walk-around process refer to the document “Equipment Walk-Around Procedures” (Form 4410).
► Upon completion of the walk-around the trainer (mechanic) will fill out the Walk-Around Training Record below. The trainer (mechanic) and trainee will sign the Walk-Around Training Sign Off where indicated stating that the training has been accomplished.

On-The-Job (OJT) Training Procedures:
► A qualified equipment operator (trainer) will work with the trainee using the outline of training specific to the equipment being used. The trainer and trainee will use the outline of training to ensure all training is received.
► As training occurs the trainer will document the trainee’s training hours (hours worked/hours of operation) in the On-The-Job (OJT) Training Record portion of this form.

Training Sign Off: The supervisor will review the training record and sign off indicating the trainee is ready for evaluation.

Qualification Sign Off: The supervisor will evaluate the trainee’s performance using the Supervisor Evaluation/Check Sheet form specific to the equipment, and then sign this form recommending or not recommending the trainee for qualification.

<table>
<thead>
<tr>
<th>DATE OF TRAINING</th>
<th>HOURS PERFORMING WALK-AROUND</th>
<th>HOURS SERVICING</th>
<th>MECHANIC’S COMMENTS</th>
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TOTAL HOURS SERVICING

 Walk-Around Procedure is not Required

WALK-AROUND TRAINING SIGN OFF

TRAINEE
I have read and understand the equipment manual: YES  NO

During this training, I have performed and understand all of the proper servicing requirements and maintenance procedures of this piece of equipment: YES  NO

TRAINEE SIGNATURE: __________________________ DATE: ____________

TRAINER (Mechanic)
This trainee has completed a walk-around as specified above under Equipment Walk-Around Procedures.

MECHANIC SIGNATURE: __________________________ DATE: ____________

for the Loader-4WD Articulated, Level 1 Qualification
TRAINED NAME: _____________________________ SUB-AREA: ____________

TYPE OF EQUIPMENT: _____________________ EQUIP. CLASS CODE: ____________

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<thead>
<tr>
<th>DATE OF TRAINING</th>
<th>HOURS WORKED</th>
<th>HOURS OF OPERATION</th>
<th>TRAINER'S SIGNATURE/COMMENTS</th>
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TOTAL OJT HOURS OF OPERATION

TRAINING SIGN OFF

SUPERVISOR
The training hours listed above are accurate to the best of my knowledge and this trainee is ready to be evaluated.

SUPERVISOR SIGNATURE: ___________________________ DATE: ____________

QUALIFICATION SIGN OFF

TRAINING EVALUATOR (Evaluator must be in the MMA or MAPE bargaining unit)

☐ After reviewing this training record for accuracy and completing a performance evaluation of this trainee in compliance with the Supervisor Evaluation/Check Sheet, I recommend qualification.

☐ After reviewing this training record for accuracy and completing a performance evaluation of this trainee in compliance with the Supervisor Evaluation/Check Sheet, I do not recommend this trainee for qualification.

EVALUATOR’S SIGNATURE: ___________________________ EVALUATION DATE: ____________