Minnesota Department of Transportation
EQUIPMENT TRAINING/QUALIFICATION FORM

TRAINEE NAME: ___________________________ LOCATION: ___________________________

TYPE OF EQUIPMENT: Skid Steer Loader

EQUIPMENT COURSE CODE: EQ911000T

Hours Needed
Prior to Qualification
Min: 4  Max: 16

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 or mechanic will fill out the Walk-Around Training Record below. The mechanic and trainee will then sign the Walk-Around Training Sign-Off section 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.

WALK-AROUND TRAINING RECORD

<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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<td>TOTAL HOURS SERVICING</td>
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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: __________

MECHANIC
This trainee has completed a walk-around as specified above under Equipment Walk-Around Procedures.

MECHANIC SIGNATURE: ___________________________ DATE: __________
TRAINEE NAME: ____________________________  SUB-AREA: ______________

TYPE OF EQUIPMENT: Skid Steer Loader  EQ. COURSE CODE: EQ911000T

NUMBER OF HOURS NEEDED PRIOR TO QUALIFICATION:  (Minimum):  4  (Maximum):  16

<table>
<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 SIGNATURE: ____________________________  EVALUATION DATE: ______________