

**Minnesota Department of Transportation
EQUIPMENT TRAINING/QUALIFICATION FORM**

TRAINEE NAME: _____ LOCATION: _____
(Permanent Assigned Sub-Area)

TYPE OF EQUIPMENT: Loader-4WD Articulated, Level 1

EQUIPMENT COURSE CODE: EQ913000T

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

WALK-AROUND TRAINING RECORD			
DATE OF TRAINING	HOURS PERFORMING WALK-AROUND	HOURS SERVICING	MECHANIC'S COMMENTS
TOTAL HOURS SERVICING			

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: _____

Walk-Around Procedure is not Required for the Loader-4WD Articulated, Level 1 Qualification

