

GRADER CERTIFICATION FORM

Employee Information

HMW 8 (11/96)

D83

Name: _____ Title: _____

Supervisor: _____ Work Location: _____

License # _____ Class: _____ TRINFO class # _____

Section 1 - Classroom Instruction

Compl'd ___/___/___ Hrs. _____

 Completed general topics classroom instruction

Instructor #1 initials _____

 Completed pre-op inspection classroom instruction

Instructor #2 initials _____

Section II - Shop Session Instruction

Compl'd ___/___/___ Hrs. _____

 Completed PM and general procedures shop instruction

Instructor #1 initials _____

 Completed pre-op inspection shop instruction

Instructor #2 initials _____

 Completed vehicle starting and idling shop instruction Completed vehicle parking and shut-down instruction

Section III - Skills Demonstration

Refer to the Evaluation Guide for the details of the demonstration

P F P F P F

 1. Performs a thorough pre-op inspection and daily/weekly PM, as needed 2. Starts and transports equipment in a safe manner 3. Cuts material using equipment features properly 4. Plows snow using equipment features properly 5. Shuts down Grader using proper procedure

_____ Date completed: _____ Vehicle Make: _____

Evaluation Committee Initials _____ Time spent w/Operator: _____ ID #: _____

Certification

Attempt # 1 2 3 Check if any variations were made in the evaluation and describe on reverse Employee **certified** for operation of Grader Employee not certified - needs improvement on: __________
Certifier Signature_____
Employee Signature