

HEAVY DUMP TRUCK CERTIFICATION FORM

Employee Information

HMW 9 (11/96) B23

Name: _____

Title: _____

Supervisor: _____

Work Location: _____

License # _____

Class: _____ TRINFO class # _____

Section I - 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Holds a valid class B Commercial Driver License with air brake endorsement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Performs a thorough pre-op inspection and daily/weekly PM, as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Starts and idles vehicle properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Puts vehicle in motion safely and smoothly; uses all safety equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Shifts transmission smoothly and efficiently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Drives on roadway safely and properly, observing all traffic laws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Passes other vehicles safely and only when necessary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Properly turns vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Proceeds through intersections and railroad crossings properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Follows safe backing procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Transports and dumps material correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Operates vehicle safely while towing equipment (incl. backing and securing techniques)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Parks and shuts down vehicle

____ 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 Heavy Dump Truck

Employee **not certified** - needs improvement on: _____

 Certifier Signature

 Employee Signature