

COMPETENCY OBSERVATION TOOLS

Worker's Name: _____

Date: _____

Tool Being Used: _____

Has Reviewed Safe Work Procedure: YES NO N/A

Process	Practice	Comments	Acceptable
Tool Selection	Selects the correct tool and/or attachment if required		
PPE	Is wearing the correct PPE required to complete the task		
Inspection	Inspects the tool and/or attachments for any defects or hazards		
Worksite Inspection	Fills out or Checks job JHA for worksite hazards. Ensures work area is safe.		
Performing Task	Ensures operation of tool as per SWP and in a controlled manner. Worker demonstrates working out of the line of fire. Worker demonstrates proper holding of tool.		
Housekeeping	Ensures work area is cleaned of any debris that may have been created by tool. Tool is properly disconnected and put away after use.		

Worker has successfully demonstrated the ability to operate this tool without direct supervision:

YES NO

Worker Signature: _____

Mentor Signature: _____

COMPETENCY OBSERVATION EQUIPMENT

Worker's Name: _____ Date: _____

Equipment Being Used: _____

Equipment Make and Model: _____

Worker's Certification # to operate equipment *(if equipment is vehicle, Appropriate Driver's License required):*

Cert #: _____ Expiry Date: _____

Process	YES	NO	N/A
Knows regulatory requirements and equipment's manufacture's operation, inspection and maintenance requirements			
Is wearing the correct PPE for the equipment being used and task at hand			
Correct usage of a fall protection system is being used (if required)			
Worker has correct certification for fall protection harness (if required)			
If fall protection is being utilized, fall hazards have been identified and mitigated			
Fall protection rescue plan has been reviewed and signed off (if required)			
Inspects equipment for visible defects and potential hazards			
Understands and follows the SWP associated with the equipment			
Knows and understands the emergency procedures associated with the equipment			
Is aware of worksite surroundings and has visible and/or verbal communication with spotter (if required)			
Fills out or checks worksite JHA form and signs off			
Identifies and knows how to use controls			
Pre-start and post operation checks			
Start up and shut down of equipment as per manufacturer's and site specific requirements			
Equipment controls and functions, including implements or other attachments, brakes and maneuverability are checked and adjusted; any faults are reported and rectified. Defective equipment is taken out of service.			
Equipment is put back in original condition and location (if possible)			

Worker has successfully demonstrated the ability to control and operate this equipment safe and competently.

YES NO

Worker Signature: _____ Mentor Signature: _____