



TOOL/EQUIPMENT/PROCESS SPECIALTY TRAINING OUTLINE

Facility: _____ Shop/office: _____

Tool/equipment/process		
Specific hazards		
Required safety equipment		
Common injuries		
Operator's manual on file	Title on manual (including models covered)	Date or revision number
<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		

Training Outline (should include a review of the operator's manual, when applicable; a review of the primary dangers, including those identified in the operator's manual, safety points to consider based on the location and surroundings, and any new safety information attained from accidents)

Worker Competency Measures (examples: quiz, job shadow, experience etc.)

I have participated in the training listed above, fully understand all of the information, and agree that I can safely operate the outlined tool/ equipment and/or perform the duties described. I fully understand the precautions I need to take and the protective equipment I need the use.

Name Signature Date

I hereby acknowledge that the above named individual has been trained to the criteria listed, has passed the related test with a score of 100%, and has demonstrated the ability to operate the tool/equipment and/or perform the duties described.

Supervisor Signature Date

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