



# 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 (i.e. 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 name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** – Employee supervisory file or Incarcerated individual file  
**ELECTRONIC COPY** – General Manager, CI Safety Manager