

Task Evaluation Checklist

1.	. Employee Information						
	Worker ID:	Worker Name:		-			
	Employer Name:						
2.	Evaluator Information	1					
	Evaluator ID:	Evaluator Name:					
	Employer Name:						
3.	Task Information						
	Task #:	Task Description:					
4.	Additional Document	ation Needed for this Evaluation					
	Copy of company procedures applicable to this task – Procedure Version #:						
	Copy of equipment specific/manufacturer's manuals applicable to this task						
5.	Method of Evaluation	• !					
	A. Oral/Written & Obs	ervation during Performance-on-the-Job	B. Oral/Written & Observation of Perfe	ormance by Simulation			
	C. Oral/Written & Obs	ervation during On-the-Job Training	D. Observation during Simulation				

E. Observation during On-the-Job Training

ltem #	Task/Checklist Item Description – AOCs, Knowledge, Skills, & Ability	Knowledge/Skill/Ability Verification Methods (Place an "X" in all that apply for each item)				
ntenn #		Oral or Written	By Performance	By Discussion	N/A for this Item	No PASS
AOCs	OCs Individual able to recognize and react to the applicable AOCs as outlined in the OQ Written Plan and/or company approved procedures 1 Demonstrated the knowledge to perform this task in accordance with company approved procedures					
1						
2	Demonstrated the skills, and ability to perform this task in accordance with company approved procedures					
3	Demonstrated the knowledge to operate applicable equipment in accordance with the recommended manufacturer's operating instructions					
4	Demonstrated the skills, and ability to operate applicable equipment in accordance with the recommended manufacturer's operating instructions					

6. Evaluation Information

Type of Evaluation:

Initial Re-Evaluation

Worker has successfully passed this performance evaluation using one of the evaluation methods listed above in							
accordance with company approved procedures:	Yes	No					
Evaluation Date:							

Worker Signature: _____

Evaluator Signature: _____