

## **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  | •<br>!                                 |  |                       |  |  |  |
|    | 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<br>(Place an "X" in all that apply for each item) |                   |                  |                      |            |
|---------|--|--|-------------------|------------------|----------------------|------------|
| ntenn # |  | Oral or<br>Written   | By<br>Performance | By<br>Discussion | N/A for<br>this Item | No<br>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<br>in accordance with the recommended manufacturer's operating<br>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: \_\_\_\_\_