



## Employee Job Training and Evaluation Form

This form provides information on the initial training for each employee as well as annual safety evaluations (see back).

Employee Name: \_\_\_\_\_

Date Hired: \_\_\_\_\_

### Specific Job or Equipment Operation (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> chainsaw felling             | <input type="checkbox"/> buck saw operator                      |
| <input type="checkbox"/> chainsaw bucking/delimbing   | <input type="checkbox"/> chocker setter                         |
| <input type="checkbox"/> feller/buncher operator      | <input type="checkbox"/> equipment maintenance                  |
| <input type="checkbox"/> harvester operator           | <input type="checkbox"/> skid steer operator                    |
| <input type="checkbox"/> wheeled skidder operator     | <input type="checkbox"/> forwarder operator                     |
| <input type="checkbox"/> dozer operator               | <input type="checkbox"/> log truck operator                     |
| <input type="checkbox"/> loader operator              | <input type="checkbox"/> general worker                         |
| <input type="checkbox"/> mechanical delimber operator | <input type="checkbox"/> FIRST AID/CPR certification (required) |
|   | <input type="checkbox"/> other _____                            |

### Check one:

☐ employee has previous experience with equipment and/or operations and has obtained instruction on the specific machinery and/or operations of this firm

☐ employee has no previous experience with equipment and has undergone on-the-job training listed below

### On-The-Job Training

The employee has been provided in a reasonable time frame specific verbal explanations and demonstrations of safety equipment and safe use of machinery and general logging safety including:

- specific personal protective equipment (PPE) required for their specific job
- location and use of fire extinguishers and first aid kits
- emergency response procedures
- proper equipment use and safety precautions required for equipment
- general safety information for logging and other operations on the job site
- location and access to OSHA guidelines and associated materials
- other \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\* SEE BACK FOR ANNUAL SAFETY EVALUATION \*\*\*\*\*



## ANNUAL SAFETY EVALUATION

<b>2008</b>	Check One: <input type="checkbox"/> above average <input type="checkbox"/> satisfactory <input type="checkbox"/> poor <input type="checkbox"/> accident occurred
If safety procedures were <u>poor or an accident occurred</u> describe: _____ _____ _____  Signature of employee: _____ If accident occurred retraining is required Date of retraining: _____ Describe retraining: _____ _____	
<b>2009</b>	Check One: <input type="checkbox"/> above average <input type="checkbox"/> satisfactory <input type="checkbox"/> poor <input type="checkbox"/> accident occurred
If safety procedures were <u>poor or an accident occurred</u> describe: _____ _____ _____  Signature of employee: _____ If accident occurred retraining is required Date of retraining: _____ Describe retraining: _____ _____	
<b>2010</b>	Check One: <input type="checkbox"/> above average <input type="checkbox"/> satisfactory <input type="checkbox"/> poor <input type="checkbox"/> accident occurred
If safety procedures were <u>poor or an accident occurred</u> describe: _____ _____ _____  Signature of employee: _____ If accident occurred retraining is required Date of retraining: _____ Describe retraining: _____ _____	
<b>2011</b>	Check One: <input type="checkbox"/> above average <input type="checkbox"/> satisfactory <input type="checkbox"/> poor <input type="checkbox"/> accident occurred
If safety procedures were <u>poor or an accident occurred</u> describe: _____ _____ _____  Signature of employee: _____ If accident occurred retraining is required Date of retraining: _____ Describe retraining: _____ _____	