



**DATE:** 01/10/2018

**Employee Name:** Albany Roy

**Evaluator/Supervisor:** Srinivasa string Rao

**Equipment:** JCB

**Job Description**

kjojj

**Keypoints**

**Satisfactory**

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- 1. Safety Orientation Yes  No 
    - a. Use fo safety belts
    - b. Funcation of roll - over protection
    - c. Proper dress
    - d. Equipment operation do's and don'ts
  
  - 2. Demonstrates Abilities Yes  No 
    - a. Pre-shift inspection check list
      - i. Checkequipment for loose bolts,leaks: oil, hydraulic andwater
      - ii. Make sureareaaround theequipment is clearof people and otherequipmen
      - iii. Check for fire extinguisher and charged
      - iv. Make sure thatthe lollowng equipment is operational
        - 1. Brakes
        - 2. Lights
        - 3. Back-up alarms
        - 4. Hand rails & ladders
        - 5. Seat belts
        - 6. Tires
        - 7. Glass, wipers
        - 8. Gauges: temp., oil, & fuel
      - v. Notifysupervision of any equipment thatis notoperational
      - vi. The operator can park or sideline a piece of equipment that is unsafe to operate if It poses a danger or hazard to employees or property
    - b. Theoperator canpark or sidelinea piece of equipment that is unsafe to operate if it poses a danger or hazard to employees or property
  
  - 3. Identification of equipment controls Yes  No
  
  - 4. Loading Techniques Yes  No 
    - a. Use of bucket and controls
    - b. Crowding the pile
    - c. Pump loading, etc
    - d. Loading patterns
    - e. Loading trucks
    - f. Loading scrapers if applicable
  
  - 5. Control handling of contaminated soils Yes  No
  
  - 6. Shifting and hauling Yes  No
  
  - 7. Stockpiling Yes  No

- |  |     |                                     |    |                                     |
|--|-----|-------------------------------------|----|-------------------------------------|
| 8. Mixing and moisture conditioning                                | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 9. Feeding crusher   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 10. Rough cut and fill   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 11. Spreading Material   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 12. Parking and shut-down procedures                               | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| a. Equipment line-up   |     |                                     |    |                                     |
| i. Straight line   |     |                                     |    |                                     |
| ii. Allow easy access for service                                  |     |                                     |    |                                     |
| b. Turn off all accessories  |     |                                     |    |                                     |
| c. Set all park brakes   |     |                                     |    |                                     |
| d. Lower bucket to ground  |     |                                     |    |                                     |
| e. Perform a general walk around looking for items for maintenance |     |                                     |    |                                     |