

Equipment Operation Training Assessment Sheet

Trainee Information

Name		Employee ID	
Department		Date	
Trainer		Equipment	

Assessment Criteria

Skill/Task	Completed	Needs Improvement	Comments
Equipment Pre-Check			
Startup Procedures			
Operation Under Supervision			
Shutdown Procedures			
Basic Troubleshooting			
Safety Protocols			

General Remarks

Trainee's Signature & Date

Trainer's Signature & Date