

0 1 0 1

Short Service Worker

Date Completed

M	M		D	D		Y	Y
[.][.][.]	[.][.][.]	•	[.][.][.]	[.][.][.]	•	[.][.][.]	[.][.][.]

Location Code

[.][.][.][.][.][.][.][.]

Mentor First Name

[.][.][.][.][.][.][.][.]

Employee ID

[.][.][.][.][.][.][.][.]

Mentor Last Name

[.][.][.][.][.][.][.][.]

First Name

[.][.][.][.][.][.][.][.]

Company Code

[.][.][.][.]

Last Name

[.][.][.][.][.][.][.][.]

Company Name

[.][.][.][.][.][.][.][.]

Item #5 Fall Protect./Ladder Safety (Three Point Contact)

Date

Signature

Item #8 Life Protective PPE

Date

Signature

Item #6 Elevated Load (Working Around or Under Load)

Date

Signature

Item #9 Verify Containment Before Returning Equipment to Service

Date

Signature

Item #7 Safety and Emergency System Bypass

Date

Signature

Item #10 Operate Vehicle Safety

Date

Signature

FORM ID 04148993

Comments



Short Service Worker

0-30 DAY COMPETENCY ASSESSMENTS

Item #1 Personal Risk Evaluation Process "PREP"

Date

Signature

Item #2 Work with a Valid Work Permit

Date

Signature

Item #3 Verify Energy Isolation

Date

Signature

Item #4 Confine Space

Date

Signature

RETURN TO CONTRACTOR
SAFETY COORDINATOR