Vehicle & Equipment Operator
Evaluation

Operator’s name: ________________________________  Dept. /Station: ________________________________

Type of vehicle/equipment: ________________________________  Date: ________________________________

_____ Understands and follows general safety rules & specific controls for this vehicle/equipment.

_____ Can perform a pre-operation check of the vehicle/equipment and familiar with the owner’s manual.

_____ Cautious and aware of surrounding activity.

_____ Overall, observed to be a competent operator.

Comments:

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Evaluated by: ________________________________  Title: ________________________________

Date: ______________