

Equipment Operation and Safety Training

Employee Name:	
Job Location:	
Person Conducting Training	

Type of Equipment	
Make / Model:	
Equipment Owner:	

- ☐ Review Equipment Operation and Safety Manual
- ☐ Demonstrate Ability to Operate Equipment
- ☐ Contact Customer and Affected Personnel

Identify Hazards

1	Crushing	5	
2	Pinch Points	6	
3	Cuts	7	
4	Abrasions	8	

Required PPE

1	Hard Hats	5	
2	Gloves	6	
3	Safety Glasses	7	
4	Work Boots	8	

Supervisor's Name Printed:	
Supervisor's Signature:	Date:

Employee's Name Printed:	
Employee's Signature:	Date: