

WVDOH EQUIPMENT OPERATOR TRAINING ACADEMY

DOH-20 OPERATOR'S QUALIFICATION REPORT

FOR THIS FORM TO BE VALID

THE [DOT-12](#) MUST BE SUBMITTED REPORTING TRAINEE'S TIME AND EQUIPMENT USED TO COMPLETE THE PRACTICAL EVALUATION BELOW

Trainee Name: _____ Organization No: _____

WV Driver's License No: _____ Exp. Date: _____

Valid Commercial Driver's License YES NO

TYPE OF EQUIPMENT: _____ ED#: _____

OPERATIONAL EXPERIENCE ON SPECIFIED EQUIPMENT

- | | | |
|---|--|---|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> 100 Hours or Less | <input type="checkbox"/> 100 – 500 Hours |
| <input type="checkbox"/> 500 – 1000 Hours | <input type="checkbox"/> 1000 – 2000 Hours | <input type="checkbox"/> 2000 Hours and above |

PRACTICAL EVALUATION

- Reviewed Operator's Manual
- Completed Operator's Daily Check List correctly
- Performed all pre-operational checks correctly
- Checked all safety equipment
- Performed start-up, parking and shutdown procedures as outlined in the operator's manual
- Demonstrated proper operation of equipment and safety features
 - Proper use of hand signals
 - Right and left hand turns
 - Operation of controls and levers plus attachments
- Operated equipment safely

I understand the operator's manual and all safety features of this type of equipment. YES NO

I hereby attest that the information provided above is accurate, complete and truthful.

Signature of Trainee

Date

I certify that this trainee has received district level training in accordance with the above Practical Evaluation and is qualified to operate this type of equipment.

Signature of Certified Operator

CERT#

Signature of Trainee's Supervisor

Date

PLEASE SUBMIT TO THE EQUIPMENT OPERATOR TRAINING ACADEMY THROUGH THE DISTRICT TRAINING COORDINATOR