

SKILLS CHECK LIST

Apprentice Name: _____ I.D. # _____

Evaluator Name: _____ Date: _____

Facility: _____

Level: 2 PLA/Task being checked: AD: 3 PM/Charge Accumulator

- _____ 1. Safety Practices:
Safe Job Procedures
Lockout/Tagout
Housekeeping
- _____ 2. Tool/Equipment Usage:
Proper Equipment
Proper Tools
Proper Usage
- _____ 3. Work Performed:
Quality
Organized flow to complete task
Organized thought patterns and/or troubleshooting methods used

Performance Objectives:

- | | |
|---|--|
| <input type="checkbox"/> 1. Obtain Nitrogen charging system | <input type="checkbox"/> 6. Charge to correct pressure |
| <input type="checkbox"/> 2. Check to see if correct bottle is in cart | <input type="checkbox"/> 7. _____ |
| <input type="checkbox"/> 3. Install regulator on bottle | <input type="checkbox"/> 8. _____ |
| <input type="checkbox"/> 4. Hookup charging sys. to accumulator | <input type="checkbox"/> 9. _____ |
| <input type="checkbox"/> 5. Slowly charge accumulator | <input type="checkbox"/> 10. _____ |

Comments: _____

Skill Check Rating:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Can apply competency to other tasks and possibly teach others. | <input type="checkbox"/> Can perform task without assistance. | <input type="checkbox"/> Can perform task with assistance. | <input type="checkbox"/> Can not perform task (requires comment) |
|---|---|--|--|