



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Training Assessment – Operator A**

Number: **R17-FM-100-194**

Owner: **Charles Huggins**

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Name:
Date:
Line Working On:
Shift:
Supervisor:
Trainer:

Has B Operator Assessment been completed? YES: _____ NO: _____ SCORE: _____	Initial Training		Employee Competent		Retraining		
	Date	Trainer		Yes	No	Date	Trainer
Ability to train on labeler reset and/or cleaning							
Tape Head Training Completed							
Operate a Pallet Jack							
Machine Startup/Change Over							
Follows start up/change over procedure R14-PR-200-043							
Change Over, Set up and make adjustments to Combi							
Loads pouches properly into magazine							
Able to change date code							
Able to adjust date code to hit pouch							
Can change suction cup when necessary							
Properly turns on and adjusts Liquid Pump							
Able to change seal tape as needed							
Can adjust scales as needed							
Follows Operator check list when troubleshooting							
Leadership Skills							
Takes responsibility for all on line							
Directs crew when needed							
Motivates Crew							
Leads by example							
Fills out paperwork neatly and correctly							
Looks for areas to improve line efficiencies							
Comments							

Rate Scale 1-5: 1 – Cannot perform task 2 – Familiar with elements of job/training/policy and or procedure 3 – Can perform with help 4 – Can perform solo 5 – Can teach others to perform.

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