



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Training Assessment – Salt Operator**

Number: **R17-FM-100-201**

Owner: **Charles Huggins**

Revision: **00**

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Name:
Date:
Hopper #:
Shift:
Supervisor:
Trainer:

Salt Operator Assessment

Has B Operator Assessment been completed? YES: _____ NO: _____ Score: _____	Initial Training		Employee Competent		Retraining	
	Date	Trainer	Yes	No	Date	Trainer
Understands USP/Tech Salt						
Handles Pallet Safely						
Lifts Properly and Safely						
Cleans						
Properly Inspects Supersacks before Hanging						
Properly Inspects Salt for contaminants						
Checks to make sure correct type of salt is hung on designated lines						
Interpersonal Skills						
Takes responsibility for area						
Has good communication skills						
Is a Team Player						
Leads by example						
Fills out paperwork neatly and correctly						
Looks for areas to improve line efficiencies						

Comments

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