

# LOGMASTER TRUCKING

## Record of Workplace Training and Supervision Form

**Trainees full name:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Trainees date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NZQA No.: \_\_\_\_\_ Time spent training: \_\_\_\_ Hrs

**Trainer's full name** \_\_\_\_\_  
Trainer's registration number: \_\_\_\_\_ Contact phone number: \_\_\_\_\_  
Trainer's full address \_\_\_\_\_

### Training Details

Task description: \_\_\_\_\_  
Unit standard name: \_\_\_\_\_ No.: \_\_\_\_\_

### Demonstrated:

What was shown to the trainee?

### Discussed:

What questions were asked of the trainee? What answers were given to the trainer?

### Observed:

What was seen - both positive and negative?

<b>Recommendations:</b> What can the trainee do to improve?	Action rating (A,B,C)	Person Responsible	By when	Sign on Completion

Action Rating: (A) = These items are to be corrected immediately (underlying hazardous condition or practice may serious harm or property damage or contravene the OSH approved code of practice, or company safety rules - monitor closely (B) = Remedial action to be effective within 3 working days - monitor trainee (minor injury or minor loss unlikely). (C) Continue to make steady improvement.  
NB: This form shall be completed on each occasion that training is given. File under training and supervision.

Trainer's Signature: \_\_\_\_\_ Trainee's Signature: \_\_\_\_\_ Trainee agrees with the evaluation.  
Employer's Signature: \_\_\_\_\_ Trainee ready for assessment: 

YES	NO
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 << Circle one