WORK SAFE, STAY SAFE

EMPLOYEE'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOPIC/EQUIPMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVALUATOR'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the evaluation form is to aid the evaluator in assessing the worker's competency to safely apply in the field the principles learned in the classroom. Items may be added or deleted depending on the working environment or the needs of your employees and company.

|  |  |  |  |
| --- | --- | --- | --- |
| SATISFACTORY? | | TASK | REMARKS |
| YES | NO |
| BEHAVIOR: | | | |
|  |  | Unsteady gait, stumbling |  |
|  |  | Drowsy, sleepy, lethargic |  |
|  |  | Hostile, belligerent |  |
|  |  | Irritable, moody |  |
|  |  | Depressed, withdrawn |  |
|  |  | Unresponsive, distracted |  |
|  |  | Uncoordinated |  |
|  |  | Tremors or shakes |  |
|  |  | Flu-like illness complaints |  |
|  |  | Suspicious, paranoid |  |
|  |  | Hyperactive, fidgety |  |
|  |  | Inappropriate or  uninhibited behavior |  |
|  |  | Uses mints, mouthwash, or eye drops often |  |
| APPEARANCE: | | | |
|  |  | Flushed complexion |  |
|  |  | Cold, clammy sweats |  |
|  |  | Bloodshot eyes |  |
|  |  | Tearing, watery eyes |  |
|  |  | Constricted pupils |  |
|  |  | Dilated pupils |  |
|  |  | Unfocused |  |
|  |  | Disheveled clothing |  |
|  |  | Unkempt appearance |  |
| EMOTIONAL: | | | |
|  |  | Crying, mood swings |  |
|  |  | Aggressive, defensive |  |
|  |  | Panicked, anxious |  |
|  |  | Fearful |  |
| SPEECH: | | | |
|  |  | Slurred |  |
|  |  | Incoherent |  |
|  |  | Exaggerated enunciation |  |
|  |  | Loud, boisterous |  |
|  |  | Rapid, pressured |  |
|  |  | Excessively talking |  |
|  |  | Nonsensical, silly |  |
|  |  | Cursing, inappropriate speech |  |
| ODORS: | | | |
|  |  | Excessive cologne  or perfume |  |
|  |  | Marijuana |  |
|  |  | Alcohol |  |
|  |  | Body odor |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Supervisor/Trainer Name & Signature Date