8.9 Power Tool Proficiency - FORM

Name:	
Worksite:	Date:
Assessed by:	Tool:

	Description	Notes
❑	Check for possible issues	
	(cords, guards, etc.)	
❑	Check for clear work area	
	(trip hazards,etc.)	
❑	Check tool settings	
	(blade depth, etc)	
❑	Personal Protective Equipment	
	(eyes, ears, etc.)	
❑	Work piece is secure	
❑	Solid stance	
❑	Correct use/technique	
	(firm grip, away from body)	
❑	Worker seems competent with tool	
❑	Safety procedure for setting adjustments	
	(unplug tool when changing blades)	
❑	Troubleshooting	

Comments:
EMPLOYEE SIGNATURE: