**<company> COMPETENCY CHECKLIST**

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| --- | --- |
| **Employee Name:** | **Position:** |
| **Task Assessed for:** | **Department:** |
| **Assessor Name:** |
| Methodology use to assess:1. Direct Observation with checklist
2. Demonstration
3. Self-study with test
4. Other: \_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please indicate which method was used to assess the employee’s competency within each skill category. | Location of Resource Material used for training:* Manufacturer’s Documentation
* Formal Hazard Assessments
* Physical Demands Analysis
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Task Component** | **Methodology** | **Comments / Decisions** | **Date** |
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| **Employee Signature:** | **Date:** |
| **Assessor Signature:** | **Date:** |