

	COMPETENCY ASSESSMENT Roller Compactor	CF-S-30P
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Worker:		Worker Position:		Date:	
Evaluator:		Make/Model:		Business unit:	
Supervisor:		Experience related to equipment: _____ years			
General			Yes		
1.	Has reviewed operator's manual and understands manufacturer's requirements	☐	Answers must be yes to proceed		
Knowledge			Exceeds	Meets	Below
1.	Demonstrates knowledge of safe working practices for compactor (e.g. SWP 44 Mechanical Mobile Equipment Operations, SWP 52 Working on Hills and Slopes)	☐	☐	☐	
2.	Demonstrates knowledge of how to safely position a compactor	☐	☐	☐	
3.	Demonstrates knowledge of terminology related to compactor functions and systems	☐	☐	☐	
4.	Demonstrates knowledge of pre-operational requirements on compactor	☐	☐	☐	
5.	Describes the procedure for leaving a compactor unattended (stop button)	☐	☐	☐	
6.	Demonstrates knowledge of stability concerns (working on slopes and angles)	☐	☐	☐	
7.	Demonstrates knowledge PPE requirements (ear plugs)	☐	☐	☐	
8.	Understands dangers of exhaust fumes in trenches and vibration controls	☐	☐	☐	
9.	Understands the use and location of remote-control toggle switches	☐	☐	☐	
10.	Understands how to shut machine down and secure against unintended use	☐	☐	☐	
Practical (Observation of actual skills)			Exceeds	Meets	Below
1.	Completes an effective HIAC prior to use	☐	☐	☐	
2.	Conducts an accurate site assessment	☐	☐	☐	
3.	Demonstrates ability to efficiently manage compactor operations	☐	☐	☐	
4.	Demonstrates effective pre-operational inspections utilizing the inspection form	☐	☐	☐	
5.	Demonstrates how to maintain and update an equipment logbook/inspection	☐	☐	☐	
6.	Safely maneuvers compactor in congested areas	☐	☐	☐	
7.	Can accurately identify pinch points on compactor	☐	☐	☐	
8.	Effectively works with spotter (hand signals, blind spots)	☐	☐	☐	
9.	Demonstrates proper use of attachments (winch, ripper, blade, blade angles, etc.)	☐	☐	☐	
10.	Demonstrates how to leave compactor unattended	☐	☐	☐	
11.	Operator refrains from using cellular devices while operating equipment	☐	☐	☐	

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Comments about competency or restrictions:		
☐ Competent at this time	☐ Demonstrates the ability under direct supervision	☐ Further training required, not recommended to use equipment
Worker:	Signature:	Date:
Evaluator:	Signature:	Date:
Supervisor:	Signature:	Date: