**<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:** | |