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| **Task Training Checklist** |
| **Employee Name:** | **x** |  **Emp. ID No.:** | **x** |
| **Task Name:** | **H2S Restricted Area Access** |
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|  |[ ]  Muster Point Mill Control Room with the Roaster Leach Control as a back-up |
|  |[ ]  Location, scanner, monitor with names.  |
|  |[ ]  Thickener area monitors & scanners  |
|  |[ ]  1st floor egress/ monitors/ scanners |
|  |[ ]  2nd floor egress/ monitors/ scanners  |
|  |[ ]  3rd floor egress/ monitors/ scanners |
|  |[ ]  4th floor egress/ monitors/ scanners  |
|  |[ ]  Area wind indicators  |
|  |[ ]  Floors slippery when wet |
|  |[ ]  Using elevator for evacuation |
|  |[ ]  Exiting past alarming monitors |
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|[ ]  **5000.23 Completed** |[ ]  **Refresher** |
|[ ]  **5000.23 Not Needed** |[ ]  **Change or Addition** |

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| **The Trainee and Instructor acknowledge that all checked line-items on this training checklist have been explained to the trainee, are fully understood and each one can be performed safely.** |
|  |
| **x** |  | **x** |  | **x** |
| **Trainee Signature** |  | **Employee ID No.** |  | **Date** |
|  |  |  |  |  |
| **Instructor/Mentor/Crew Trainer Signature** |  | **Employee ID No.** |  | **Date** |
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|  |
| **Supervisor acknowledges the Trainee has completed training:** |
|  |  |  |  |  |
| **Supervisor Signature** |  | **Employee ID No.** |  | **Date** |