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| **Task Training Checklist** | | | | | | | | |
| **Employee Name:** | | | | | **x** | | **Emp. ID No.:** | **x** |
| **Task Name:** | | | | **H2S Restricted Area Access** | | | | |
|  | | | | | | | | |
|  |  | | 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** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | | |
|  | | | | |
| **Supervisor acknowledges the Trainee has completed training:** | | | | |
|  |  |  |  |  |
| **Supervisor Signature** |  | **Employee ID No.** |  | **Date** |