



**Level I to Level II Training Needs Assessment Check List**

**Employee Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessor:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Employee must verifiably demonstrate completion or acceptable knowledge level of the following:

- |  |               |
|--|---------------|
| <input type="checkbox"/> 40 hours of classroom training with Maintenance Training Supervisor | Initial _____ |
| <input type="checkbox"/> 8 hours of OJT with Maintenance Training Supervisor                 | Initial _____ |
| <input type="checkbox"/> 16 hours of observation based training with qualified lead mechanic | Initial _____ |
| <input type="checkbox"/> Multimeter  | Initial _____ |
| <input type="checkbox"/> Clamp Ammeter   | Initial _____ |
| <input type="checkbox"/> Thermometer Probe   | Initial _____ |
| <input type="checkbox"/> Insulation resistance   | Initial _____ |
| <input type="checkbox"/> High Potential / Dielectric   | Initial _____ |
| <input type="checkbox"/> Torque Wrench   | Initial _____ |
| <input type="checkbox"/> Vernier Scale Calipers  | Initial _____ |
| <input type="checkbox"/> Plastic Media Blaster   | Initial _____ |
| <input type="checkbox"/> Power Washer  | Initial _____ |
| <input type="checkbox"/> Lathe Machine   | Initial _____ |
| <input type="checkbox"/> Belt Sander   | Initial _____ |
| <input type="checkbox"/> High Speed Brush Wheel  | Initial _____ |
| <input type="checkbox"/> Computer Work   | Initial _____ |
| <input type="checkbox"/> Hard Card   | Initial _____ |
| <input type="checkbox"/> Manual Work   | Initial _____ |
| <input type="checkbox"/> QSM Forms   | Initial _____ |
| <input type="checkbox"/> Part Sheet Work   | Initial _____ |
| <input type="checkbox"/> Customer Specific CMM Training                                      | Initial _____ |

**Assessor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_