



**Level II to Level III Training Needs Assessment Check List – Electrical Mechanical**

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

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

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

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

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

- |  |               |
|--|---------------|
| <input type="checkbox"/> 12 weeks minimum OJT Training under their lead. | Initial _____ |
| <input type="checkbox"/> Multimeter                                      |               |
| <input type="checkbox"/> Continuity                                      | Initial _____ |
| <input type="checkbox"/> Alternating Voltage                             | Initial _____ |
| <input type="checkbox"/> Direct Voltage                                  | Initial _____ |
| <input type="checkbox"/> Resistance                                      | Initial _____ |
| <input type="checkbox"/> Diodes  | Initial _____ |
| <input type="checkbox"/> Transistors                                     | Initial _____ |
| <input type="checkbox"/> Clamp-on Ammeter                                |               |
| <input type="checkbox"/> Measure AC Current                              | Initial _____ |
| <input type="checkbox"/> Thermometer Probe                               |               |
| <input type="checkbox"/> 51II  | Initial _____ |
| <input type="checkbox"/> 59 Max  | Initial _____ |
| <input type="checkbox"/> Insulation resistance                           |               |
| <input type="checkbox"/> Measure at 500vDC                               | 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"/> Simpson Meter                                   |               |
| <input type="checkbox"/> Read analog meter ohmic value                   | Initial _____ |
| <input type="checkbox"/> DMC AF8 Crimping tool                           | Initial _____ |
| <input type="checkbox"/> RCS-500 Resistance Box                          | Initial _____ |
| <input type="checkbox"/> A/C Generator Power Source                      | Initial _____ |
| <input type="checkbox"/> Test Stands                                     |               |
| <input type="checkbox"/> Hydraulic - PAI-001-TS                          | Initial _____ |
| <input type="checkbox"/> Pneumatic - PAI-006-TS                          | Initial _____ |
| <input type="checkbox"/> Connectors                                      |               |
| <input type="checkbox"/> Front load                                      | Initial _____ |
| <input type="checkbox"/> Back Load                                       | Initial _____ |
| <input type="checkbox"/> Soldering                                       | Initial _____ |
| <input type="checkbox"/> Customer Specific CMM Training                  | Initial _____ |

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

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