



EMPLOYEE TRAINING NEEDS ASSESSMENT FORM

Employee Name: _____ Date: _____

Assessor: _____ Department: _____

Competency / Position Assessed: _____

Sub-forms (A) through (I) need to be attached along with this form dependent upon the level / department the employee is being evaluated for.

Qualified at Level I: Yes _____ No _____

Employee is NOT qualified to conduct Maintenance / Alteration or Inspection but may witness and train with an Oversight / Qualified Inspector.

Qualified at Level II: Yes _____ No _____

Employee is qualified to conduct Maintenance / Alteration or Inspection but must perform under direct supervision of an Oversight / Qualified Inspector.

Qualified at Level III: Yes _____ No _____

Employee is qualified to conduct Maintenance / Alteration or Inspection with an Oversight / Qualified Inspector.

Qualified at Level IV: Yes _____ No _____

Employee has been licensed / certificated and is qualified to conduct maintenance without an Oversight / Qualified Inspector.

(The following assessments apply to *employees who wish to supersede the Level 1, 2, or 3 requirements*)

Employee Exemption Check Off List

____ Verified Licenses or Certificates ____ Verified Documented Training/Education
____ Demonstrated Practical Evaluation ____ Oral Examination

Employee's Current Overall Documented Training Hours: _____

Minimum Training Hours for Position: _____



Additional Training Requested By Assessor:

Additional Training Requested By Employee:

Reassessment Scheduled Date: _____

Assessor Signature: _____

Employee Signature: _____

Executive Approval: _____