# New Technician Training Verification

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|---|---|---|---|
| **Employee Name:** | | **Employee ID:** | |
| **Training Date:** | | **Trainer:** | |

## General Operations

| Task | Completed |
|---|---|
| Equipment Overview | ☐ |
| Daily Inspection Procedures | ☐ |
| Generator Operation | ☐ |
| Camera Operation | ☐ |
| Transporter Operation | ☐ |

## Maintenance Procedures

| Task | Completed |
|---|---|
| Equipment Cleaning | ☐ |
| Connector Maintenance | ☐ |
| Wheel Inspection | ☐ |
| Chain Maintenance | ☐ |
| Humidity Monitoring | ☐ |

## Safety Procedures

| Task | Completed |
|---|---|
| PPE Requirements | ☐ |
| Traffic Control | ☐ |
| Electrical Safety | ☐ |
| Lifting Procedures | ☐ |
| Emergency Procedures | ☐ |

## Certification

I certify that the technician listed above has demonstrated competency in the required procedures and has successfully completed training.

**Trainer Signature:** _____ **Date:** _____