

AOS Form F504-1 : Technician Performance Appraisal Checklist

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|--|---|---|---|---|
| Technician | | <input type="checkbox"/> Cont <input type="checkbox"/> Emp | Area | |
| Reviewer | | | Review Date | |
| Previous TPA Checklist | Date | | All RFA's Closed? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Legal / Insurance Compliance | ID Number | Next Due | Current? | |
| PMT Licence | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Drivers Licence | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Workers Comp Policy | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Accident/Sickness Cover | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Vehicle Registration / Insurance | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| QBCC Licence/Other Requirements | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Treatment Policies & Procedures Compliance | | | | |
| General | | | Conform? | |
| Uniform | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Chemicals – Only Approved Chemicals Stocked | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Documentation – Pesticide Application Records / Current MSDS / SWMS | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Equipment – All equipment on hand / condition / compliance / Electrical Safety Lockout Devices | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Correct stowage, security and transportation of chemicals / equipment | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Vehicle – Appearance / Roadworthiness | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Vehicle – Spill Response / Emergency Response Procedures | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Comments | | | | |
| | | | | |
| | | | | |
| Customer Relations / Documentation | | | Conform? | |
| Introduction | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Inspection & Assessment | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| After Treatment / Service – Conclusion / Paperwork | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Comments | | | | |
| | | | | |
| | | | | |
| Equipment Usage / Treatment Observed / Admin Procedures (handhelds etc) | | | Conform? | |
| ReTerM™ Certified: | <input type="checkbox"/> N <input type="checkbox"/> Y | Assessed for continued compliance (Notify APC HO): | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Toolbox Talk Delivered: | <input type="checkbox"/> N <input type="checkbox"/> Y | | | |
| Topic Discussed: | | | | |
| WHS Feedback Given: | <input type="checkbox"/> N <input type="checkbox"/> Y | - Write comments on reverse then enter detail in RFA No: | | |
| Other Comments | | | | |
| | | | | |
| | | | | |
| RFA Issued | <input type="checkbox"/> N <input type="checkbox"/> Y | RFA No: | Expected Completion Date | |
| Sign Off | | | | |
| Reviewer | | Technician | | |