

# AOS Form F504-1 : Technician Performance Appraisal Checklist

<b>Technician</b>		<input type="checkbox"/> Cont <input type="checkbox"/> Emp	<b>Area</b>	
<b>Reviewer</b>			<b>Review Date</b>	
<b>Previous TPA Checklist</b>	Date		All RFA's Closed?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Legal / Insurance Compliance</b>	<b>ID Number</b>		<b>Next Due</b>	<b>Current?</b>
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
<b>Treatment Policies &amp; Procedures Compliance</b>				
<b>General</b>				<b>Conform?</b>
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
<b>Comments</b>				
<b>Customer Relations / Documentation</b>				<b>Conform?</b>
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
<b>Comments</b>				
<b>Equipment Usage / Treatment Observed / Admin Procedures (handhelds etc)</b>				<b>Conform?</b>
<b>ReTerM™ Certified:</b>	<input type="checkbox"/> N <input type="checkbox"/> Y	<b>Assessed for continued compliance (Notify APC HO):</b>		<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
<b>Toolbox Talk Delivered:</b>	<input type="checkbox"/> N <input type="checkbox"/> Y			
Topic Discussed:				
<b>WHS Feedback Given:</b>	<input type="checkbox"/> N <input type="checkbox"/> Y	<b>- Write comments on reverse then enter detail in RFA No:</b>		
<b>Other Comments</b>				
<b>RFA Issued</b>	<input type="checkbox"/> N <input type="checkbox"/> Y	<b>RFA No:</b>	<b>Expected Completion Date</b>	
<b>Sign Off</b>				
<b>Reviewer</b>		<b>Technician</b>		