M-373A (1-17)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

EQUIPMENT OPERATOR TRAINING REPORT

Name: _____ Employee Number: _____

Driver's License Number: _____ Class: _____ Endorsements: _____ Exp: _____

District/County: _____ Hazmat Physical Exp.: _____

Course Title: _____ Certification Code: _____

Date Trained										
Times of Training										
Operator Manual										
Daily Maintenance										
Monthly Maintenance										
Equipment Operation										
Equipment Safety										
Equipment Orienta-tion										
Total Daily Hours										
Initials of Trainer										
Total Course Hours		"Equipment Operation" and "Equipment Orientation" is field training.								

Signature of Operator Instructor overseeing training: _____ Date: _____

Print Operator Instructor Name: _____ Instructor County:_____ Instructor Employee #_____

Field Trainer's Signature (if applicable): _____ Date: _____

Print Trainer's Name: _____

Acknowledgement of Training
Upon my acceptance of performing the final test for certification, I attest that I received sufficient training to properly operate the equipment indicated on the Course Title.

Student's Signature: _____ Date: _____

Print Student Name: _____

Final Certification Test

Date	Equipment Number	Tester	Title of Tester