



UTV Operator Field Evaluation

General Information

Name:	Date:	Phone:
Address:		
District/Agency:	Forest:	
Previously Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	Year:

Skill Evaluation

Instructors: All blanks need to be filled in. Use C for Complete and I for Incomplete to rate each area. N/A means applicant was not tested in this area.

Safety Requirements—Chapter 2

- | | |
|--|--|
| <input type="checkbox"/> Helmet with chinstrap | <input type="checkbox"/> Long-sleeved shirt, jersey, or jacket |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Appropriate footwear |
| <input type="checkbox"/> Long pants | <input type="checkbox"/> Eye protection |

Transportation—Chapter 4

- Using trailer and ramps
- Loading
- Unloading
- Hazardous materials

Safe Operating Practices—Chapter 6

- | | |
|--|---|
| <input type="checkbox"/> Loading cargo | <input type="checkbox"/> Trail etiquette |
| <input type="checkbox"/> Before starting | <input type="checkbox"/> Braking |
| <input type="checkbox"/> Startup | <input type="checkbox"/> Turning |
| <input type="checkbox"/> Getting going | <input type="checkbox"/> Parking |
| <input type="checkbox"/> SIPDE process | <input type="checkbox"/> After use inspection |

Optional Safe Operating Practices—Chapter 6

- Handling slopes
- Encountering obstacles
- Crossing water and streams
- Crossing roads

Pass: Yes No

Comments

Use this space to make additional comments about such things as attitude, technical skills, verbal skills (weak, strong, and so forth).

Restrictions (if any)**Signature**

Classroom instruction given at:	Date:	
Instructor's signature:	Title:	
Field Examination given at:	Date:	
Field Examiner's signature:	Title:	
Supervisor's signature:	Title:	Date: