



CHECKMATE CHECKPOINT TRAINING MANUAL

STAFF NAME _____ SITE _____

START DATE _____ END DATE _____ DURATION _____

ACADEMIC LEVEL _____

Item	Status
Journey planning	
Truck inspection	
Feeding information in computer	
Feeding information in truck movement book	
Carrying out alco test	
Work professionalism/ good conduct	
Posting trucks	
Obtaining and writing safety observations	
Conducting toolbox talks	
Strict adherence to SOPs	
Communication skills	
Respect to supervisor	
Protocol adherence	

I _____ (*immediate supervisor*) do confirm that the above mentioned staff has successfully completed his training and that the provided results are true.

STAFF

IMMEDIATE SUPERVISOR

SIGN _____

SIGN _____

DATE _____

DATE _____

CHECKPOINTS SUPERVISOR COMMENT

CHECKPOINTS SUPERVISOR

SIGN _____

DATE _____