



Service Technician Training Checklist

All training must be completed by a supervisor or authorized trainer, and approved by Human Resources, before a Service Technician can be authorized to operate a company-owned vehicle or perform their regular job duties.

Name: _____ Hire Date: _____ Supervisor: _____

New Hire Information:

Résumé/Application Job Description Federal W-4 State W-4 I9 Verification Direct Deposit Form

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Mandatory & Voluntary Health Screenings:

TB Test Hep B Vaccination Hep B Refusal DOT Physical Medical Examiner's Card Expiration Date: _____

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Handbook Acknowledgements & Agreements:

Employee Handbook Vehicle Safety Handbook Bloodborne Pathogens Handbook Confidentiality Agreement

C.A.R.E Code of Conduct Date Complete: _____ Supervisor Initials: _____

Paperwork Completion:

Timesheet Driver Daily Activity Log Hazardous Load Manifest Delivery Ticket
 O2 Concentrator Orientation Checklist General Equipment Booklet Oxygen Equipment Booklet

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Equipment:

Asset Tagging & Tracking Proper Equipment Handling

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Ambulatory Aids:

Wheel Chairs (HB, STD, COMP) Wheel Chair Accessories Gel & Star Cushions
 Walkers With/Without Wheels Rollators Straight & Quad Canes

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Bed Frames:

Standard Bed Frames Hi-Lo Bed Frames Extra-Long Bed Frames Rails & Accessories

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Mattresses:

APM Systems & Overlays LAL Systems & Overlays Pressure-Relief Systems & Overlays Standard & Extra-Long

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Oxygen:

Concentrators (5, 8, & 10 Liter) Tandem Concentrators Large O2 Tanks (MM, M60)
 Portable O2 Tanks (E, M6) Tank Holders & Accessories All O2 Soft Goods

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Other Respiratory:

Bi-PAP C-PAP V-PAP 50 PSI Compressor Nebulizer

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Bariatric:

Bariatric Bedframes Bariatric Low Frames Bariatric Frame Accessories
 Bariatric Bathroom Accessories Bariatric Ambulatory Aids

Date Complete: _____ Trainer Initials: _____ Supervisor Initials: _____

Service Technician Training Checklist

Infection Control:

 Equipment Segregation (Bag & Tag)

 Equipment Cleaning & Disinfection

 Rubber Glove & Glove Disposal

 Hand-Washing Procedure

Date Complete: _____

Trainer Initials: _____

Supervisor Initials: _____

Vehicle Management:

 Vehicle Profile

 Pre-Trip Safety Check

 Lift-Gate Operation

 Preventive Maintenance

 Accident Reporting

 Fleet Fuel Card

Date Complete: _____

Trainer Initials: _____

Supervisor Initials: _____

Vehicle Operation:

 20 Hours Supervised Behind-the-Wheel

 Vehicle Clearance

 Driving Too Fast for Conditions

 Distracted Driving

 Fatigued Driving

 Lane-Change Collisions

 seat Belt Operation

 Parking Lot Safety

Date Complete: _____

Trainer Initials: _____

Supervisor Initials: _____

Safety:

 Incident Reporting Procedure

 Back Safety

 Bloodborne Pathogens

Date Complete: _____

Trainer Initials: _____

Supervisor Initials: _____

On-the-Job Training:

 Proper Equipment Instruction Given

 Return Demonstration Given

 Private Home Delivery (Includes Bed/O2)

 Private Home Pick-Up (Includes Bed/O2)

 Facility Delivery (Includes O2)

 Facility Pick-Up (Includes O2 Tanks)

Date Complete: _____

Trainer Initials: _____

Supervisor Initials: _____

Competency Evaluations:

 Safe Driving Competency Evaluation

Score: _____

Supervisor Initials: _____

 Back Safety Quiz

Score: _____

Supervisor Initials: _____

 Bloodborne Pathogens Quiz

Score: _____

Supervisor Initials: _____

 HME Competency Evaluation

Score: _____

Supervisor Initials: _____

 Service Technician Competency Evaluation

Pass/Fail: _____

Supervisor Initials: _____

 Service Technician Road Test

Pass/Fail: _____

Supervisor Initials: _____

Acknowledgements:

I hereby acknowledge that I have received the training outlined in this checklist, and have been given the opportunity to ask questions and address concerns I have with any process or procedure.

Employee Signature: _____

Date: _____

I hereby acknowledge that I (or a designated trainer) have conducted the training outlined in this checklist, and recommend that the employee be allowed to perform the duties of a Service Technician and operate a company-owned vehicle.

Supervisor Signature: _____

Date: _____

I have reviewed the information outlined in this checklist, and authorize the employee to perform the duties of a Service Technician and operate a company-owned vehicle.

HR Signature: _____

Date: _____