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
- 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)  
- Rubber Glove & Glove Disposal  
- Equipment Cleaning & Disinfection  
- Hand-Washing Procedure

Date Complete: _____________  
Trainer Initials: _____________  
Supervisor Initials: _____________

### Vehicle Management:
- Vehicle Profile  
- Preventive Maintenance  
- Pre-Trip Safety Check  
- Accident Reporting  
- Lift-Gate Operation  
- Fleet Fuel Card

Date Complete: _____________  
Trainer Initials: _____________  
Supervisor Initials: _____________

### Vehicle Operation:
- 20 Hours Supervised Behind-the-Wheel  
- Distracted Driving  
- seat Belt Operation  
- Vehicle Clearance  
- Fatigued Driving  
- Parking Lot Safety  
- Driving Too Fast for Conditions  
- Lane-Change Collisions

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)  
- Facility Delivery (Includes O2)  
- Facility Pick-Up (Includes O2 Tanks)

Date Complete: _____________  
Trainer Initials: _____________  
Supervisor Initials: _____________

### Competency Evaluations:
- Safe Driving Competency Evaluation: Score: _____________  
- Back Safety Quiz: Score: _____________  
- Bloodborne Pathogens Quiz: Score: _____________  
- HME Competency Evaluation: Score: _____________  
- Service Technician Competency Evaluation: Pass/Fail: _____________  
- Service Technician Road Test: Pass/Fail: _____________

Date Complete: _____________  
Trainer Initials: _____________  
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: _____________