

# VERIFICATION OF COMPETENCY FOR A TIP TRUCK

Some example text and answers are in **red** below. Just delete and uncheck the answer boxes before using.

<b>Company:</b>		<b>Date:</b>	
<b>Assessor's Name:</b>		<b>Nominee's Name:</b>	
<b>Item of Plant:</b>		<b>Model:</b>	

The purpose of this verification of competency is to allow the nominee to demonstrate their understanding and ability to safely operate a tip truck.

This verification of competency consists of two parts. One theoretical assessment and one practical assessment.



# SAMPLE

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**Section One - Theoretical Assessment**

This section consists of 10 questions.

A pass mark of 100% is required to successfully complete the theoretical assessment.

Answer the questions carefully and with your attention to detail and clarity.

For multiple choice questions, check the box that has the **best** correct answer.

**Question 1**

Who is responsible for the load on the truck?

- Manager
- Driver
- Supervisor
- Loader

**Question 2**

When loading a load, what are three primary hazards to look for before using the body of the truck?

1. **Overloaded axle/capacity**
2. **Wet/sloping surface**
3. **Uneven ground**
4. **etc.**

**Question 3.**

**If you were carting topsoil and then had to cart road-base, what would you need to do?**

Ensure that there is no remaining topsoil in the rear of the truck that may contaminate the load of road-base.

**Question 4**

What is the maximum allowable wheel deceleration when applying a heavy vehicle?

Yes

Question 5

What should you do when driving on a steep slope?

Yes

Question 6

Yes

Question 7

Yes

2. Drive the truck at a steady speed.

Question 8

How should you tie the load on a trailer?

Push the truck straight up and down the slope. Do not tie the load with the truck on a sideways angle.

Question 9

How should you maintain and conduct repairs on a big truck?

When handling maintenance and repairs on a big truck, you should follow the manufacturer's recommendations.

Question 10

If flipping over the edge of a trench, what is a control measure you could use to not become too close to the edge of the trench?

Use a spudbar or a guide.

Question 11

Should you wear a seat belt while operating a big truck on a project site?

Yes



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SECTION TWO – PRACTICAL ASSESSMENT (Assessor to Complete)		Competent?		
1.	The nominee knows how to conduct a thorough pre-start on the tip truck and how to report any defects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	The nominee is aware of the maintenance and servicing schedule of the tip truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	The nominee understands what the levers, switches, buttons and functions control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	The nominee is competent with the operation of the tip truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	Does the nominee know the importance of safe work procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	The nominee is aware of the limitations of the tip truck and exclusion zones with pedestrians and energy sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Does the nominee have knowledge of the correct grade and area to operate in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	The nominee is aware of the correct procedure for running on a road?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	The nominee is aware of how to park and secure the tip truck in a safe location at the end of the working day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



**SAMPLE**

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**Assessor 1 Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Assessor 2 Information and Sign-off**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Assessment Outcome**

Competent  Not Competent  N/A



**SAMPLE**

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