



## Commercial Skill Assessment

### Review Information

Employee Name:

Account

Date:

Assessors

Name/Position:

### Guidelines

Complete this review using the following guidelines for each point. Below you will find a skill assessment, please check appropriate box related to the years of experience in each of the fields. If tech becomes certified upload this to tech CRM file.

### Commercial Training

	4+ yrs	3yrs	2yrs	1yr	0 yrs
<i>Diagnostic 12/24 volt Troubleshooting/Repair</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>12/24 volt knowledge Commercial/Motorcycle/Auto</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to locate serial number on equipment</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N			
<i>Understands functionality of construction equipment</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N			
<i>Proper installation tools, and usage, ( DMM, soldering iron, safety equipment , etc)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N			
<i>Understands equipment safety protocols (Warning labels R.O.P.S./F.O.P.S.)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N			
<i>Familiar with power disconnect switches</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N			

### Years of Experience

	5+	3-5yrs	1-3yrs
Years of Commercial Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Quality of Work and Overall Assessment

Please comment below your overall assessment of this individual and any items that may need to be addressed during trainings.

Comments: