



HEAVY EQUIPMENT SKILLS TRAINING – CUSTOMER QUESTIONNAIRE

Please complete the following items (N-A if not applicable) for each event being held.

Company Name					
Company Address:					
Admin. Contact Name:		Phone:		Email:	
Operations. Contact Name:		Phone:		Email:	
Classroom Address:					
Field Address:					

Primary objectives you are seeking from this training?				
List the tasks your operators routinely perform or tasks you would like taught.				
Do you want/require written and/or practical testing?				
Are there any special details or requirements for finding / entering the written or field training location?				
What are the company hours?				
Daily training schedule hours (include lunch break)?				
Is the field area a productive (actual work) or non-productive environment?				
Are there any special field or operating conditions safety factors?				
Is there a safety orientation required for our instructor?				
Personal Protective Equipment (PPE) requirements for site?				
COVID: Is classroom large enough to maintain six feet of distance between everyone?				
COVID: Are face covering required of all personnel inside your buildings?				
Is classroom equipped with large TV / powerpoint screen?				
Is classroom equipped with white/chalk board?				
Has 811 or the underground utility locator been contacted?				
Explain site conditions such as soil type, vegetation, and elevation changes.				
How many students/trainees will there be?				
Average skill level of trainees (# of years)?				
List equipment types, makes, models, and quantity of each.	Type	Make	Model	Qty
Do you want to re-test trainees failing a written exam?				
Comments:				

Printed Name:		Date:	
Signature:			