

## Yard Tech 2<sup>nd</sup> Month Objectives

Mentor's Name: \_\_\_\_\_ Employees Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Title: \_\_\_\_\_

Training Requirement	Initials or (N/A)
Obtained Forklift Certification *if not completed in the previous 30 days	
Schedule time for employee to complete Forklift Certification	
Completed Smith Driving *if not completed in the previous 30 days	
Schedule time for employee to complete Smith Driving	
Obtained CDL *Recommended	
Provided employee with process to obtain a CDL	
Obtained CPR Certification *if not completed in the previous 30 days	
Schedule time for employee to completed CPR Certification	
<b>Additional Training Provided:</b>	
1.	
2.	
3.	
4.	
5.	