

Yard Tech 3rd 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	
Additional Training Provided:	
1.	
2.	
3.	
4.	
5.	