

Operator Skill Self-Assessment

Name: _____ Date: _____ Date: _____

Type of Equipment	Skill 1-3 (#1 is Best)	Hours Operated	GPS
			Experience Yes/No?
Excavator			
Mini Excavator			
Scrapers			
AG Pan Scraper			
AG Tractor w/ Disk			
Dozers			
Motor Graders			
Compactors			
Skid Steer			
Wheel Loaders			
Gannon Box Blade			
Forklift			
Water Truck			
Water Wagon			
Haul Trucks			
Dump Truck			