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| --- | --- | --- | --- | --- | --- |
| **Company Name** | |  | | | |
| **Site Address** | |  | | | |
|  | |  | | | |
| **Model:** | |  | **Serial Number:** |  | |
| **Items to demonstrate and explain to all operatives** | | | | | **Tick when Completed** |
| 1 | Operator has read and understands the Viking Operating & Service Manuals 2 | | | |  |
| 2 | Completed Daily Check List 1 | | | |  |
| 3 | Emergency escape window / Fire Extinguisher operation 1 | | | |  |
| 4 | Operation of Lights & Safety Zone System 1 | | | |  |
| 5 | Seat Adjustment / Air conditioning / Heat / Defrost / Windshield wiper operation 1 | | | |  |
| 6 | Circuit Breaker Buttons 1 | | | |  |
| 7 | Operator Interface/ Rear view Camera System 1 | | | |  |
| 8 | Ignition / Starting procedure / Safety Circuit Function / Hydraulic enable requirement 1 | | | |  |
| 9 | Drive Controls / Operation of Dual Lift System / Horn 1 | | | |  |
| 10 | Blade and Shank Fitting & Removal / Front Safety Switches / PPE 1 | | | |  |
| 11 | Straight scraping and Edge Scraping recommendations / Blade Height and Tilt 1 | | | |  |
| 12 | Operation on inclines / Operation on soft or slippery surfaces 1 | | | |  |
| 13 | Exhaust System Regeneration 1 | | | |  |
| 14 | Shutdown Procedure 1 | | | |  |
| 15 | Operator demonstrates proficiency in all of the functions of the machine. | | | |  |
| 16 | Tie down points for transportation | | | |  |
| 17 | Towing / Lifting / Pushing the Machine / Brake Bypass Pump 1  *Note: Do not tow machine on trailer backwards or rain could enter exhaust and damage engine.* | | | |  |
| 18 | General Maintenance 2 | | | |  |
| 19 | Servicing and intervals 2 | | | |  |
| 20 | Correct Storage 1 | | | |  |
| 21 | QR Codes | | | |  |
|  |  | | | |  |

1 Refer to manufacturers Operating Manual for further details.

2 Refer to manufacturers Operating and Service Manuals.

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| **Name of Trained Operative**  **(PLEASE PRINT CLEARLY)** | **Operative’s Signature:**  **(to confirm full understanding of training undertaken)** |
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| **NFE Trainer:** |  | **Signature:** |  | **Date:** |  |

***The above named operative(s) have completed a Trainer course to carry out basic operation, training and routine maintenance on the National Flooring Equipment stated on this document.***