

Performance Profile Sheet



Craft: Industrial Maintenance Mechanic Level Five, 3rd Ed.

Module: 32501-09

Module Title: Advanced Towers and Vessels

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Using equipment provided by your instructor, demonstrate hydraulic torquing and tensioning.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance ("NCCER Guidelines"). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet



Craft: Industrial Maintenance Mechanic Level Five, 3rd Ed.

Module: 32502-09

Module Title: Troubleshooting and Repairing Conveyors

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Simulate splicing a belt.				
1 - 4	Repair one of the following:				
	• Belt conveyor				
	• Chain conveyor				
	• Screw conveyor				
	• Pneumatic conveyor				

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Candidate/Trainee: _____ Date: _____

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Performance Evaluator: _____ Date: _____

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