

Portable Compressor Operator Assessment

| OF | Operator Assessment | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name: | | | |
| 1. | Anyone can operate the compressor without supervision; a. True b. False | | |
| 2. | Skipping fields on the tank fill log sheet is fine as long as you note number of tanks filled; a. True b. False | | |
| 3. | The CO meter should be sent back to manufacturer for a Calibration and Bump-test Service; a. Yearly b. ½ Yearly c. Monthly d. Never | | |
| 4. | The CO meter should be Self-calibrated every; a. Year b. Tank Fill c. Fill Station d. 100 th Tank | | |
| 5. | The reading on the CO meter has to be <u>below</u> what level; a. 2ppm b. 20ppm c. 5pmm d. 100ppm | | |
| 6. | Who has to sight the CO reading; a. Tank Owner b. Compressor Operator c. Both (Owner & Operator) | | |
| 7. | A member asks you to fill a tank that you notice is out of test. Do you; a. Leave it until last b. Fill it now, they're a friend | | |
| | c. Inform them their tank is out of test and you cannot fill it | | |
| 8. | The Air intake for the compressor should be placed; a. Anywhere, doesn't matter b. Upwind and elevated | | |
| | c. Near the exhausts d. On the ground away from the compressor | | |
| 9. | Air Intake Hazards can arise from; a. Compressor exhaust b. Vehicles c. Overheating d. Smoking | | |
| | e. Dirty air filter f. Toxic materials near intake g. All of the above | | |
| 10. | Ear protection should be worn; a. At all times b. Only when changing tanks | | |
| | c. When your ears start hurting | | |
| 11. When moving tanks to fill you should;a. Bend your knees before lifting b. Not lift any tank over 15kgs on your ownc. Both of the above | | | |
| Verification of competence | | | |
| | (Operator Signature) has successfully and safely operated the | | |

| (Operator Signature) has successfully and safely op compressor under the supervision of Approved operators; | |
|-------------------------------------------------------------------------------------------------------------|---------------------------|
| | |
| Operator 1 Name/Signature | Operator 2 Name/Signature |
| Date: | Date: |