

## Youth Work In Trades – Training Plan Parts Technician

Please circle the appropriate course designation:      **11A**    **11B**    **12A**    **12B**

Student Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Employer Name: \_\_\_\_\_ School: \_\_\_\_\_

Trade Specific Duties, Tasks:	Will observe	Will perform with assistance	Will perform	N/A
• Maintain a safe work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use warehouse terms (e.g. COD, B/O, FOB, pre-paid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Perform warehouse operations (e.g., shipping, receiving, storage transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use effective verbal and written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify and comply with transportation of dangerous goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify storage systems (e.g., racks, shelves, coolers, freezers, pallet racks, bins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools, Equipment, Machinery Used:	Will observe	Will perform with assistance	Will perform	N/A
• Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hand tools (e.g., cutting, binding, banding, dispensing, labelling, and marking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Power tools (e.g., forklift, conveyors, cranes, rigging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employability Skills Checklist (please check appropriate skills below):		
Fundamental Skills	Personal Management Skills	Teamwork Skills
<input type="checkbox"/> Communicate <input type="checkbox"/> Manage Information <input type="checkbox"/> Use Numbers <input type="checkbox"/> Think & Problem Solve	<input type="checkbox"/> Demonstrate Positive Attitudes & Behaviors <input type="checkbox"/> Be Responsible <input type="checkbox"/> Be Adaptive <input type="checkbox"/> Learn Continuously <input type="checkbox"/> Work Safely	<input type="checkbox"/> Work with Others <input type="checkbox"/> Participate in Projects & Tasks

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Signature

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Signature

School TNT Coordinator: \_\_\_\_\_ Review Date: \_\_\_\_\_  
Print Signature

District TNT Coordinator: \_\_\_\_\_ Review Date: \_\_\_\_\_  
Print Signature