

Youth Work In Trades – Training Plan Water Well Driller

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 |
|--------------------------------------------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| • Identify safety and fire hazards, and metrics in water well drilling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Perform maintenance and service vehicle support systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use and maintain hydraulic systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Various types of welding/cutting techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Follow regulations governing drilling and construction of wells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate/inspect climbing gear and climb using different techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify and use various types of drilling equipment | <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., micrometers, calipers, torque wrench) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Power tools (e.g., welders, grinders, saws, drills) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Measuring and levelling tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cutting, brazing and welding equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical testing equipment (e.g., hydrometer, voltmeter) | <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