

# Transitional Assessment

## Vacuum Excavator - A78 (A93)



<b>Basic details</b>	Test ref:	Candidate name:	Make and model:
	Tester name:	Candidate ref:	Duration:
	Tester ref:	Start time of assessment:	
	Endorsements: E <input type="checkbox"/> F <input type="checkbox"/>	Date of assessment:	

Location of assessment:.....

**All activities must be carried out according to: Manufacturers' requirements, Legislation, Regulations, Codes of Practice, with additional requirements where indicated**

Activity	Additional standards required including:	Standards √ = Met X = Not met	Comments
1. Prepare the machine for work	Full pre-start and running checks completed. Remote control unit functional check (where relevant) Appropriate use of PPE. Correct method of entry/exit of machine.		
2. Travel over various ground conditions (in both a loaded and unloaded state) and manoeuvre in confined spaces executing full right and left-hand turns in a forward and reverse direction	Appropriate gears engaged and travel speeds matched ground conditions. Transmission engaged smoothly. Brakes and steering used correctly. Full observation prior to and during travel. Contact avoided with obstructions whilst manoeuvring.		
3. Position to excavate	Area approached using appropriate speed. Allocated area checked and clear of hazards. Machine set correctly to excavate inc outriggers deployed. Exclusion zone set correctly and maintained. Stability of machine maintained at all times.		
4. Discharge and complete work	Discharge area approached using appropriate speed. Discharge area assessed for hazards. Material discharged in given area.		
5. Place the machine out-of-service	Machine cleaned in accordance with procedures. Shut down and secure procedures completed.		

<b>Sign off</b>	<p><b>The Candidate has been successful if ALL items are met (please tick)</b></p> <p>I confirm that I have carried out the assessment in accordance with CPCS requirements and that the Candidate has: Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/></p> <p><i>Should the Candidate be graded 'Not achieved', a period of training or experience is advised prior to the assessment being re-attempted</i></p>
	<p>Candidate signature:..... Tester signature: .....</p>

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## Sign-off sheet



### Basic Details *(All these fields are mandatory)*

Endorsement: E <input type="checkbox"/> F <input type="checkbox"/>	Test Level: Standard <input type="checkbox"/>
Tester name:	Tester number:
Candidate name:	Candidate number:

### Tester feedback


### Tester Sign off

I confirm that I, the Tester have carried out the Practical Test in accordance with CPCS Requirements and that the candidate has: <b>Achieved</b> <input type="checkbox"/> <b>Not Achieved</b> <input type="checkbox"/> <i>(Please tick the relevant box)</i>
Tester Signature: .....Date: .....

### Candidate feedback *(Optional)*


### Candidate Sign off

I confirm that I, the candidate have undertaken the Transitional Assessment and I, agree <input type="checkbox"/> / disagree <input type="checkbox"/> <i>(Please tick the relevant box)</i> with the feedback given by the Tester.
Candidate Signature: .....Date:.....