

H.E.L.P. OPERATOR CERTIFICATION

OPERATOR NAME: _____

CONTRACTOR: _____

DATE: _____ (To be re-certified as needed)

Initial Certification Re-Certification

<u>ITEM</u>	<u>Expiration Date</u>
Valid Driver's License (and copy on file with NYSDOT)	
Valid CPR card (Copies on file)	
Valid first aid card (Copies on file)	
Criminal History Check	
Drug Test on file	
Review of H.E.L.P. guide with NYSDOT	
MDT Training	
Purpose of the H.E.L.P. program	
Incident management	
Customer Satisfaction	
Interaction with Public Safety Agencies	
Communications procedures	
Safety policy and procedures	
Overtime procedures	
Vehicle push procedures	
Review of Complaints	
Complaint procedures	
Truck inspection procedures	
Operator appearance and decorum	
Use of H.E.L.P. equipment	

This operator is / is not (circle one) hereby certified as a NYSDOT Region Eight H.E.L.P. Operator.

Approval Date: ____/____/____

Operator's Initials: _____

NYDOT/NYSP Signature

Name (Printed)

____/____/____
Date