StS OPERATIONS LEVEL SKILLS CHECK LISTS

Total Station - Student Practical Check List

Student	
Agency	

Date & Location of Course (if applicable):

Instructor: Under Column "Date Performed or Observed". Instructor or student must put both the date and skill, and either a "P" for performed or an "O" for observed. Student must then initial the appropriate column to the right. If the instructor believes that although the student has performed the skill he/she s still inadequate because of lack of skill or practice, he/she should indicate under "Remarks" after discussion with the student. Both must sign and date the bottom of the record in order to make it valid.

Total Station Skills	Date Performed Observed (P/O)	Student	Instructor
Open case and identify all items in the case			
Set-up over known point and level instrument			
Establish zero azimuth and use as theodolite			
Monitor and record HA and VA for 3 points			
Properly re-place Instrument in the case			
Access and verify Job and Variable Settings			
Set up instrument and use as total station			
Establish Job and locate 3 points on coordinate grid			
Move Instrument and re-establish coordinate grid			
Generate monitoring log			

The student and instructor/qualified StS agree that the below-signed student adequately completed skills practice and/or review: or has observed all the above skills.

Instructor/Qualified StS Signature:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:___Date:___Date:____Date:___Date:___Date:__Date:___Date:___Date:___Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:

Remarks:

Student Signature:_____

Remarks:

Date:_____

OPERATIONS LEVEL SKILLS CHECK LISTS

GPS – Student Practical Check List

Student _____

Agency_____

Date & Location of Course (if applicable):

Instructor: Under Column "Date Performed or Observed". Instructor or student must put both the date and skill, and either a "P" for performed or an "O" for observed. Student must then initial the appropriate column to the right. If the instructor believes that although the student has performed the skill he/she s still inadequate because of lack of skill or practice, he/she should indicate under "Remarks" after discussion with the student. Both must sign and date the bottom of the record in order to make it valid.

Skills for the Garmin GPS (Applies to GPS-V, GPS- 60 or Equiv Models)	Date Performed Observed (P/O)	Student	Instructor
Perform Initial Set up of GPS:			
Enable WAAS, Set Coordinate Units and Time Zone			
Report number and relative location of acquired satellites and accuracy of current position			
Report Current Position in various Coordinate systems – Hdd.mm.ss, Hdd.mm.mmm, MGRS			
Create Waypoint of current position, change the name and add a descriptive note			
Create Waypoint of a given position, change the name and add a descriptive note			
Navigate to given position using Road and Off Road Routing			
Set up, Activate and Save Track Log on GPS			
Create Waypoint and Routes and Select Maps in MapSource Software			
Download Maps, Waypoints & Routes from Computer to GPS			
Upload Track Log and Waypoints from GPS to computer			
Run Real time GPS through NRoute Software			
Upload Track Log and Waypoints to Google Earth			

The student and instructor/qualified StS agree that the below-signed student adequately completed skills practice and/or review: or has observed all the above skills.

Instructor Signature:_____ Date:_____ Remarks:

Student Signature:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____D Remarks:

Jan09

Task Force StS Tool Cache – Practical Check List

Student _____

Agency_____

Date & Location of Course (if applicable):

Instructor: Under Column "Date Performed or Observed". Instructor or student must put both the date and skill, and either a "P" for performed or an "O" for observed. Student must then initial the appropriate column to the right. If the instructor believes that although the student has performed the skill he/she s still inadequate because of lack of skill or practice, he/she should indicate under "Remarks" after discussion with the student. Both must sign and date the bottom of the record in order to make it valid.

Skills for the StS Tool Cache	Date Performed Observed (P/O)	Student	Instructor
Determine height of structure using Range Finding			
Binoculars and Clinometer			
Determine distance to & height of structure using Hilti PD-32			
Attach and setup Avongard Strain Gage across crack in			
concrete. (may use 2 pieces of plywood to simulate)			
Check Smart-Tool and/or Smart-Level to see if the Battery			
Saver feature has been set to off (will not automatically shut			
off after sitting idle for more than 5 minutes)			
Set Smart-Tool to read zero deg. on a nearly level surface			
Set Smart-Tool to read ninety deg. on a nearly vert. surface			
Set Smart-Level to read zero deg on a vertical surface			
(Only reqd is TF has a Smart Level in Cache)			
Use Zircon Metal detector to locate rebar in a concrete slab			
Mount laser level to a concrete surface using the steel angles			
and setup to measure the movement of a point			
Measure wind speed using the pocket wind meter			

The student and instructor/qualified StS agree that the below-signed student adequately completed skills practice and/or review: or has observed all the above skills.

Instructor/Qualified StS Signature _____ Date:_____

Remarks:______

Student Signature:_____Date:_____Date:_____

Remarks:

Jan09