

**Board of Certification of Public Health Inspectors**  
Trainee Evaluation Form

Form F

Name of Candidate: \_\_\_\_\_  
Name of Health Agency: \_\_\_\_\_  
Practicum Period: From \_\_\_\_\_ To \_\_\_\_\_

*This rating is based on the Candidate Public Health Inspector field experience. This form should be completed nearing the completion of the 12 week Practicum by the Coordinator or For students from BCIT who complete their practicum at a B.C. training agency submit the ENVH 8600 final evaluation form.*

Name of Trainee:	_____
	(please print)
Name of Agency:	_____
	(please print)
Name of Coordinator:	_____
	(please print)

Practicum Period (start and end dates of 12-week session):  
From: \_\_\_\_\_ To: \_\_\_\_\_

Overall Evaluation:	Satisfactory <input type="checkbox"/>
	Unsatisfactory <input type="checkbox"/>
<b>Note: The trainee must obtain a “Satisfactory” evaluation in this practicum in order to successfully complete</b>	
<ol style="list-style-type: none"><li>1. Complete <b>Sections 1.0 to 5.0</b> using the following categories: <b>S</b> Satisfactory <b>B</b> Borderline <b>U</b> Unsatisfactory <b>N</b> Not Applicable</li><li>2. The trainee should be assessed in all the categories listed. If it is necessary to leave a category blank please give an explanation in the corresponding “Comments” box.</li><li>3. Record the trainee’s strengths and weaknesses in the “Comments” box provided in each section.</li><li>4. Record additional comments on the last page.</li><li>5. Check off “Satisfactory” or “Unsatisfactory” on this cover page. Select “Satisfactory” if the trainee has achieved entry-level competence (see Explanatory Notes).</li></ol>	

**Section 1.0**

FORM F

Was the trainee able to complete site inspections, facility evaluations and assessments, and other assigned duties independently?	<b>S</b>	<b>B</b>	<b>U</b>	<b>N</b>	<b>Comments</b>
1. Ability to organize a work schedule					
2. Ability to complete work on time					
3. Ability to carry out instructions					
4. Ability to work under pressure					
5. Ability to work independently					

**Section 2.0**

Did the trainee carry out the investigative field activities needed to analyze and assess environmental health concerns?	<b>S</b>	<b>B</b>	<b>U</b>	<b>N</b>	<b>Comments</b>
1. Ability to assess actual or potential health hazards					
2. Demonstrated academic knowledge					
3. Ability to solve problems					
4. Ability to utilize equipment correctly					
5. Ability to handle equipment safely					
6. Thoroughness of inspections					

**Section 3.0**

Has the trainee utilized appropriate reporting methods?	<b>S</b>	<b>B</b>	<b>U</b>	<b>N</b>	<b>Comments</b>
1. Ability to use agency forms					

2. Ability to record details of inspections accurately					
3. Ability to utilize the agency's environmental health information systems for day-to-day activities.					

**Section 4.0**

Has the trainee demonstrated an ability to work within the culture of the organization?	S	B	U	N	Comments
1. Attendance					
2. Punctuality					
3. Appearance on duty					
4. Attitude to job					
5. Attitude toward supervision					
6. Relationships with staff and allied workers					
7. Ability to follow agency procedures					
8. Ability to function within a working group					

**Section 4.1**

Did the trainee communicate professionally with clients?	S	B	U	N	Comments
1. Written communications					
2. Verbal communications					

Did the trainee communicate professionally with members of the organization?	S	B	U	N	Comments
1. Written communications					
2. Verbal communications					

#### Section 4.2

Did the trainee employ appropriate interpersonal skills in dealing with clients and members of the organization?	S	B	U	N	Comments
1. Manner toward the public					
2. Manner toward the staff and allied workers					

#### Section 5.0

Is the trainee able to conduct inspections and/or investigations appropriate to the role of the entry-level EHO/PHI?	S	B	U	N	Comments
<b>Potable Water Quality</b>					
1. Public drinking water					
2. Private drinking water					
<b>Food Safety</b>					
1. Review of plans/blueprints					
2. Inspections					

<b>Communicable Disease Investigations</b>						
1. Investigations						
<b>Recreational Water</b>						
1. Review of plans/blueprints						
2. Inspections						
<b>Waste Management</b>						
1. Review of sewage disposal plans/blueprints						
2. Sewage disposal inspections						
3. Solid waste disposal						
<b>Community Environment and Sanitation</b>						
1. Pest management						
2. Nuisances						
3. General sanitation						
4. Housing						
5. Noise						
6. Indoor Air Quality (including tobacco enforcement)						
7. Outdoor Air Quality (including complaints and referrals from other agencies)						

<b>Public Institutions</b>					
1. Schools					
2. Child Care Facilities					
3. Adult Care Facilities					
4. Industrial or Summer Camps					
<b>Land Use</b> (subdivisions, community plans, re-zoning applications and referrals from other agencies)					
<b>Personal Services Facilities</b>					

Additional Comments:

FORM F

Signature of the Practicum \_\_\_\_\_  
coordinator

Date of Evaluation discussed \_\_\_\_\_  
with Trainee

I \_\_\_\_\_ have read this form and agree  
(trainee name, please print)

with this evaluation \_\_\_\_\_  
(Signature)