

For the purpose of obtaining an **Overhead Door Technician (ODT) - Level Two** occupational certificate, the Apprenticeship and Industry Training Board (the Board) recognizes some individuals may have gained practical experience and completed training that is equivalent to the Board-approved training delivered by the Canadian Door Institute.

To provide an opportunity for these people to obtain an ODT – Level Two occupational certificate, the Board recognizes the attached *Employer Assessment of Competency* for use by an applicant's employer. By completing and submitting this form, the employer verifies that an overhead door technician working in **commercial** and **industrial facilities** has demonstrated the competencies outlined for ODT – Level Two certification.

The *Employer Assessment of Competency* must be completed by the candidate's immediate supervisor AND a senior company official with signing authority. A previous employer - or a **Canadian** non-Alberta employer - should complete the *Assessment* form only if satisfied the candidate has successfully demonstrated all of the identified competencies. If submitting an assessment from a previous employer, the candidate must have been employed with that employer within five years of the candidate's application date.

Although the completion of this competency assessment fulfils one certification requirement, all other criteria required to obtain an ODT-Level Two occupational certificate must be satisfied including the successful completion of the multiple-choice written examination administered by Apprenticeship and Industry Training (AIT). For a complete description of the scope of the occupation, competency profile, and the complete application procedure see the AIT website at [www.tradesecrets.alberta.ca](http://www.tradesecrets.alberta.ca)

## **INSTRUCTIONS**

**Part 1** of the *Employer Assessment of Competency* must be completed by the candidate's **immediate supervisor**. By checking 'Yes' or 'No' in the *Response* column, the supervisor indicates whether the applicant has demonstrated achievement of the competencies listed during the period of assessment with the organization. The candidate is considered competent when he/she is **able to perform the required tasks without supervision**.

**Part 2** must be completed by a **senior company official with signing authority**. The official declares he/she has made inquiries of the candidate's immediate supervisor to determine the candidate is functioning at the skill-level expected of a certified person in the occupation.

The Overhead Door Technician Competency Profile hosted on Tradesecrets should be reviewed prior to completing this assessment. The Competency Profile outlines the tasks & activities involved with each competency listed in this *Employer Assessment*. The completed *Employer Assessment of Competency* should be attached to the candidate's application to AIT.

As approved by the Overhead Door Technician Provincial Occupational Committee

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<p align="center"><b><u>PART 1: TO BE COMPLETED BY THE CANDIDATE'S IMMEDIATE SUPERVISOR</u></b></p> <p>By checking "Yes" or "No" in the <i>Response</i> column, you are confirming whether the applicant has demonstrated the following competencies during the period of assessment with your organization.</p>	<p align="center"><b>Response</b></p>
<p><b>Time in the Occupation</b> ODT - Level Two Hours and Months _____ Hours _____ Months. Start Date (YYYY/MM/DD) _____ End Date (YYYY/MM/DD) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Documentation and Record Keeping</b> Reads, interprets and creates reports and records related to the installation, repair, inspection and maintenance of overhead doors.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Communication</b> Communicates effectively: evaluates and selects the appropriate form of communication for dealing with crew, supervisors, suppliers, customers and other personnel associated with a worksite.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Door Sections and Hardware</b> Installs replaces, inspects and repairs door sections and hardware for standard lift, hi-lift and vertical lift doors.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Counter Balancing Systems</b> Installs, replaces, inspects and repairs torsion, extension and counter balancing systems.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Door Operators for Overhead Doors</b> Installs, replaces, inspects and repairs chain hoists, trolley and jackshaft operators. Diagnoses electric operator and safety device faults and repairs or replaces components.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Specialty Doors</b> Installs, replaces, inspects and repairs rolling steel, fabric or rubber doors and other specialty doors.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Workplace Health and Safety</b> Applies all workplace health and safety practices and is First Aid-certified.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Hand and Power Tools</b> Competent in the use of all hand and power tools associated with the occupation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of Candidate's Supervisor (print): _____ Signature _____</p>	

*All information provided may be verified by Apprenticeship and Industry Training.*

**PART 2: EMPLOYER DECLARATION (TO BE COMPLETED BY A SENIOR COMPANY OFFICIAL WITH SIGNING AUTHORITY)**

I hereby declare I have made inquiries with the candidate's supervisor and am satisfied the candidate has demonstrated competence in performing the identified tasks at the skill level of a certified person in the occupation.

<p><b>Employer Signature:</b> _____</p>	<p><b>Date:</b> YYYY/MM/DD</p>
-----------------------------------------	--------------------------------

Employer contact information:

Print name: \_\_\_\_\_ Title/position \_\_\_\_\_ Company/organization \_\_\_\_\_

Address: \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_