

# Aerial Platform Lift Operator Evaluation

NAME OF OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF EVALUATOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

AERIAL PLATFORM LIFT MAKE & MODEL: \_\_\_\_\_

Each Aerial Platform Lift Operator is required to be evaluated by a competent person prior to their initial use of the aerial platform lift and once every three years thereafter. If the evaluator believes that the operator's skills are inadequate, additional training may be required. This evaluation is valid only for the aerial platform lift listed above.

PASS	FAIL	N/A	PLANNING AND PREPARATION	PERFORMANCE MEASURE
			Determine aerial platform specifications match the intended job task	Verify unit specifications with supervisor
			Verify rated capacity of the platform to be used	No exceptions
			Check work site conditions, indoors & outdoors (e.g., weather)	Identify all real and potential physical health hazards
			Discuss scope of work and job hazards with supervisor	No exceptions
PASS	FAIL	N/A	HAZARDS AND SAFETY CONSIDERATIONS	PERFORMANCE MEASURE
			Identify the primary aerial platform lift operator	Only one person to operate the primary controls
			Identify back up operator/s	Know emergency procedures & lowering operation
			Check work surface slope, conditions, weight limits	Verify conditions are within manufacturer's limits
			Check travel route and approach clearances	100% accuracy
			Identify overhead electric hazards and safe distances	Verify safe clearances or LOTO is in place
			Ensure clearance with overhead obstructions	Headroom clearance is 2 times max height of crew
			Establish a safe work zone via barricades	Restrict and control pedestrian traffic
			Ensure use of PPE and fall protection equipment	Don safety shoes, glasses, hard hat and fall protection
			Check fall protection anchorage points	No exceptions
PASS	FAIL	N/A	PRE-OPERATION CHECK	PERFORMANCE MEASURE
			Ensure manufacturer's manual is on the unit	Understand manufacturer's manual, Zero exceptions
			Ensure fire extinguisher is on board or at job site	No exceptions
			Read placards, warnings and control markings	Read all Placards, warnings and control markings
			Verify platform load is within rated capacity	Adhere to manufacturer guidance
			Check tires, rims and axles	Adhere to manufacturer guidance
			Check platform ladders, hand rungs, fasteners	Adhere to manufacturer guidance
			Check platform structure, guard rails, gates, chains, locks	Adhere to manufacturer guidance
			Check all fluid levels, belts, chains, cables	Adhere to manufacturer guidance
			Check electric systems, components and batteries	Adhere to manufacturer guidance
			Check hydraulic/pneumatic systems and components	Adhere to manufacturer guidance
			Check battery meter or fuel gauge and movement alarms	Adhere to manufacturer guidance
			Check pothole protectors and out of level warnings	Adhere to manufacturer guidance
			Start engine, check emergency alarms, and horn	Adhere to manufacturer guidance
			Perform all aerial platform functional checks	Adhere to manufacturer guidance
			Charge DC power units as necessary	Adhere to manufacturer guidance
			Replace LPG fuel tank as necessary	Adhere to manufacturer guidance
PASS	FAIL	N/A	OPERATIONAL SKILLS	PERFORMANCE MEASURE
			Mount and dismount safely, use fall protection	Adhere to manufacturer guidance
			Drive and creep/inch forward and reverse	Move 10 feet in a driving mode and creep 1 foot
			Turn 360 degrees right and left	Minimum disturbance of aerial platform attitude
			Operate from the upper and lower stations	Adhere to manufacturer guidance
			Verify unit balance, stability and attitude	Adhere to manufacturer guidance
			Deploy/setup and store outriggers	Adhere to manufacturer guidance
			Boom up and down, in and out	Minimum disturbance of aerial platform attitude
			Rotate/swing 360 degrees in each directions	Minimum disturbance of aerial platform attitude
			Operate emergency controls with and without power	Adhere to manufacturer guidance
PASS	FAIL	N/A	SECURE THE AERIAL UNIT AND WORK AREA	PERFORMANCE MEASURE
			Secure the unit and work area in a safe manner	Adhere to manufacturer guidance

Operator's Signature: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to Roger Wright, Environmental Health and Safety, PO Box 6551 or fax 293-7257