**Elevating Work Platform Operator Evaluation Form**

Operator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Elevating Work Platform / Aerial Lift evaluation form aids the evaluator in assessing the operator's competency of safe machine operation. To customize for specific industry / job, items may be added or deleted depending on the operating environment and the needs of the company. This evaluation should be filed away for future reference.

**Pre-shift Inspection:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Fuel, oil, coolant  |  |  |  |
| Battery charge level  |  |  |  |
| Propane or other fuels  |  |  |  |
| Tires  |  |  |  |
| Chassis  |  |  |  |
| Platform, operator’s stations |  |  |  |
| Boom & associated components |  |  |  |
| Electrical wires |  |  |  |
| Hydraulic fluid level and component leaks |  |  |  |
| Labels, Cap. Plates, Op. Manual |  |  |  |
| Fall protection gear |  |  |  |
| Fire extinguisher |  |  |  |
|  |  |  |  |

**Operational Checks:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Platform controls & steering functions  |  |  |  |
| Extending lift |  |  |  |
| Ground controls |  |  |  |
| Outrigger deployment |  |  |  |
| Sound horn |  |  |  |
| Gate lock |  |  |  |
| Tilt sensor alarm |  |  |  |
|  |  |  |  |

**Fueling or Charging:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Follows company procedures for refueling/replacing propane  |  |  |  |
| Follows company procedures for charging or changing batteries.  |  |  |  |

**Operating the Lift:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Proper use of safety harness & lanyard  |  |  |  |
| Climbing on & off machine properly  |  |  |  |
| Raising, lowering, extending boom/platform  |  |  |  |
| Maneuvering the lift through safe area on site or obstacle course |  |  |  |
| Smooth operation of controls |  |  |  |
| Glances all around for safety looking back every time when backing up |  |  |  |
|  |  |  |  |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

Supervisor/Trainer Signature Date