

AERIAL LIFT OPERATOR EVALUATION

CCSD LOCATION: _____

EMPLOYEE NAME: _____

AERIAL LIFT TYPE: _____

AERIAL LIFT MAKE: _____

AERIAL LIFT MODEL: _____

ITEM #	TASK TO BE PERFORMED	TASK PERFORMED CORRECTLY	REPEAT TASK CORRECTLY
1	PROPERLY INSPECTS AND DOCUMENTS AERIAL LIFT		
2	PROPERLY INSPECTS AND SECURES WORK AREA PRIOR TO OPERATION		
3	USES 3-POINT CONTACT WHILE MOUNTING AND DISMOUNTING		
4	POSITIONS LIFT PROPERLY BEFORE ELEVATING		
5	WEARS AND CONNECTS SAFETY HARNESS PROPERLY		
6	UNDERSTANDS CONTROLS AND OPERATES WITH CONFIDENCE		
7	AWARE OF PEDESTRIANS AND OTHER WORKERS		
8	TRAVELS & OPERATES LIFT AT APPROPRIATE SPEED ACCORDING TO CONDITIONS		
9	AVOIDS COLLISION WITH OVERHEAD OBJECTS AND TO THE FRONT, REAR, & SIDES		
10	PROPERLY PARKS LIFT AFTER USE		

MUST PERFORM ALL TASKS CORRECTLY TO PASS

EVALUATED BY: _____ DATE: _____

COMMENTS: _____



CCSD RISK MANAGEMENT DEPARTMENT 6/24/2010