crane operator assessment Form

**Employee:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Print name)*

**Competent Trainer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Print name)*

**This document confirms the assessment of the above-named employee to perform:**

*(Check all that apply. Attach an additional page if more space is needed.)*

**[ ]** Operate/inspect overhead cranes and hoists within their department/unit/organization

**[ ]** Inspect rigging and rig loads to be suspended within their department/unit/organization

**[ ]** Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This designation is based on evidence of safe performance of all duties related to crane/hoist operation and verification by another “Competent Person” through** *(Check all that apply.)*

**[ ]  Training**: Appropriate training records (including any skill checks or tests) are attached.

**[ ]  Experience**: This employee has been safely performing and has demonstrated skill in crane/hoist operation for       years (minimum of five years).

**[ ]  Instruction**: This employee has received on the job instruction from me or another employee who is competent, has observed this employee’s work while performing this operation, and confirms that the employee has the knowledge to perform crane/hoist work safely.

Below are signature(s) of responsible person(s) verifying training, experience and/or providing instruction:

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:**

**Competent Trainer Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**:**

cc: EH&S; Supervisor file; Employee and their personnel file