

Instructions: Use this checklist during the field session to evaluate operator proficiency. It can also be used for periodic evaluation to ensure that operators are continuing to operate Aerial Lift properly.

Operator Name: _____ **Evaluator Name:** _____

Date of Evaluation: _____ **Equipment Operated:** _____

EVALUATION					
Pre-operation	Good	Fair	Poor	N/A	Comments
Manufacturer's manual is on the unit					
ID/Capacity Plate in place and legible					
Look for damage: wheels, tires, hydraulic components					
Guardrails and Fall Protection Anchor					
Ensure guardrails cover entire work area and/or use fall protection					
Battery Charge Level					
Traveling	Good	Fair	Poor	N/A	Comments
Work Surface					
Travel Route					
Check Overhead Clearance					
Check for Energized Power Lines					
Check for Pedestrian and/or Vehicular traffic					
Personal Protective Equipment/PFAS					
Do not raise or lower platform while traveling					
Maintain a safe speed					
Observe all traffic rules, warning signs, floor load limits and overhead clearances					
Follow other vehicles at a safe distance					
Use the horn to alert others					
Safe Operating Skills	Good	Fair	Poor	N/A	Comments
Mount and dismount safely					
Drive Forward					
Drive Reverse					
Turn 360 degrees right and left					
Raise & Lower platform					
Parking	Good	Fair	Poor	N/A	Comments
Fully lower the boom and basket					
Neutralize the controls					
Set the brakes					
Turn off the power					

Parking (continued)	Good	Fair	Poor	N/A	Comments
If parked on an incline, block the wheels					
Park only in authorized areas					
Fueling and Battery Recharging	Good	Fair	Poor	N/A	Comments
Turn the engine off					
Keep a fire extinguisher nearby					
Use the proper Personal Protective Equipment (PPE)					
Follow safe fueling and battery recharging procedures					
Clean up spills immediately					
FINAL EVALUATION					
Based on my evaluation, the operator has successfully completed the evaluation and is qualified to operate the following equipment:					
Make/Model/Capacity	Make/Model/Capacity			Make/Model/Capacity	
Based on my evaluation, the operator has not demonstrated competence in operating the following equipment:					
Make/Model/Capacity	Make/Model/Capacity			Make/Model/Capacity	

Evaluator Signature: _____

Operator Signature: _____