



AERIAL LIFT OPERATOR EVALUATION ASSESSMENT

This form (or its equivalent) must be retained for records management

Equipment Operated (make/model):					
Name of Operator:			Employee Identification#:		Date:
Signature of Operator:			Signature of Evaluator:		
YES	NO	Activity	YES	NO	Activity
<input type="checkbox"/>	<input type="checkbox"/>	Performs pre-shift checks			
UNDERSTANDS CONTROLS					
		Forward/reverse			Service brake
		Steering technique			Instrumentation
		Parking brakes			Attachment
TRUCK HANDLING					
		Smooth starts/stops			Smooth/controlled turns
		Inching/plugging			Clears obstacles safely
		Approach is square			Proper maneuvering speed
		Proper traveling height			Looks in travel direction
PARKING PROCEDURES					
		Lowers lift to lowest level			Dismounts safely
		Truck in neutral			Uses wheel chocks on ramps
		Applies parking brake			Turns off fuel supply
		Power shut off			
LOAD HANDLING					
		Lift/lower technique	Comments:		
		Smooth starts/stops			
		Proper truck speed			
SAFETY					
		Uses horn as required			Uses proper operational speed
		Wears PFAS, as needed			Stops at major intersections
		Uses intersection mirrors, as			Yields right-of-way