**(Complete this form with your supervisor and return to Human Resources)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** |  |  | **Department:** |  |
| **Trainer:** |  |  | **Worksite:** |  |

*Tick the boxes as each topic is covered.*

|  |
| --- |
| **Pre-Set Up Checklist*** Worker has read and fully understands Safework procedure
* Worker can identify appropriate PPE
* Lift truck operator conducts a pre-trip inspection of the lift truck
* Worker can explain capacity limits for lift truck in relation to the work platform
* Worker(s) can appropriately mount and secure work platform onto lift truck
* Worker(s) can explain the reasons for a Practice Lift

**Procedure Checklist*** Lift truck operator engages the park brake throughout lifting procedures
* Workers wear PPE throughout the procedure
* Lift truck operator performs practice lift effectively
* Worker(s) secure themselves to anchors on work platform
* Designated Communication Liaison and Lift Truck Operator maintain good communication throughout procedure
* Worker(s) can effectively and safety perform tasks while raised in work platform
* Worker(s) and Lift Truck Operator Demonstrate overall safe and effective competency in Lift Truck Work Platform Basket Safework Procedures

**Post Procedure** * Worker and Operator safely secure Work Platform Basket to transport device
* Worker(s) inspect Work Platform Basket for any defects upon completion of transport
 |
| ***Trainer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Training Complete (YES)/(NO) if no explain:**  |

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all relevant regulations, policies, procedures, and instructions while I am onsite or representing the company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker Signature:** |  |  | **Date:** |  |

**Trainer**

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