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| **Department:** | **City of Nanaimo** | **Training Checklist** |  |
| **Subject:** | **Crane Operation (Units#211, 416)** |

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

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tick the boxes as each topic is covered.*

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| **Pre-Setup Checklist** Worker has read and fully understands Safework Procedure. Worker has successfully completed rigging safety course. Worker dons appropriate P.P.E. Worker sets up safe work zone. Worker parks truck to allow safe and easy operation of crane. Worker installs wheel chocks on rear wheels**Procedure Checklist** With vehicle in park, worker safely engages/disengages P.T.O. Worker lowers stabilizers to steady and level truck. Worker checks that swing area around crane is free of obstructions. Worker removes transmitter from cab or storage area and powers on. Worker opens passenger side compartment and engages hydraulic controls. Worker demonstrates control of boom and crane functions during a lift. Worker returns crane and outriggers to travel position.  Worker understands the importance of considering proper hygiene while working around sanitary sewer systems. |
| ***Trainer Comments:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Training Complete (YES/NO) if no explain:** |
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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_