**(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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_