

VERIFICATION OF COMPETENCY ASSESSMENT

Assessor's Name:			
Operator's Name:			
Item of Plant/Equipment:		Model:	
Date of Assessment:		License Required:	

Pre-start Checks		Competent		
1.	Assesses and understands relevant work site rules and safe working procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	Able to demonstrate checks consistent with the manufacturer's operation manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Able to conduct the safe working load and limitations of the plant/equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	Able to conduct what actions are necessary if a lift is blocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Competence		Competent		
5.	Operates a range of the equipment to load and understand the operator's manual and any safe work method statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	Operates within other sections of the relevant SWL and recognises that they may be required to give to contractors the SWL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Knowledge of how to erect, adjust and maintain any device for working at height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Operates over three points of contact when ascending the mast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	Operates understanding what the boom, jibs, luffing and hoisting cables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	Operates can operate the plant in a smooth controlled working method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



SAMPLE

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Pre-start Checks		Competent		
7.	Operator can competently place load/material in a controlled manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Operator is aware to keep tools or attachments secured when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Shut-down, Security and Maintenance		Competent		
1.	Operator applies the parking brake before exiting the plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	Operator is aware of hand and foot controls and their location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Operator is aware and knowledgeable in lubrication, service and maintenance requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



SAMPLE

ORDER NOW AND GET FULL ACCESS

Operator Declaration

I, _____, hereby declare that I am the operator of the plant and I have read and understood the operator manual and have received adequate training and instruction in safety and competently use all equipment and operator tools.

I agree to abide by the requirements of the operator manual and the work conditions change or additional tasks as identified, I will discuss these changes with a supervisor or management.

Signed: _____

Supervisor Declaration and Sign-off

I, _____, hereby declare that I have read and understood the operator manual and have received adequate training and instruction in safety and competently use all equipment and operator tools.

I agree to abide by the requirements of the operator manual and the work conditions change or additional tasks as identified, I will discuss these changes with a supervisor or management.

Signed: _____