



AERIAL LIFT SAFETY TRAINING CERTIFICATION

EMPLOYEE NAME: _____

TRAINER SIGNATURE: _____

AERIAL LIFT TYPES: _____

NOTE TO EVALUATOR: By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.

NOTE TO TRAINEE: By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.

REQUIRED COURSES

AERIAL LIFT SAFETY TRAINING	TRAINER INITIALS	DATE
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PERFORMANCE REQUIREMENTS

Demonstrate understanding of the purpose of the user manuals.	TRAINER INITIALS	DATE
Demonstrate familiarity with the vehicle user manuals.	TRAINER INITIALS	DATE
Demonstrate the ability to properly store user manuals on the vehicle when not in use.	TRAINER INITIALS	DATE
Demonstrate the ability to perform a pre-start inspection.	TRAINER INITIALS	DATE



EMPLOYEE NAME: _____

PERFORMANCE REQUIREMENTS		
Demonstrate understanding of what to do when malfunctions affect the operation of the aerial vehicle.	TRAINER INITIALS	DATE
Demonstrate understanding of the factors that affect vehicle stability.	TRAINER INITIALS	DATE
Demonstrate understanding of the purpose of placards, decals, and instructional markings on the vehicle.	TRAINER INITIALS	DATE
Demonstrate the ability to survey the work area for hazards.	TRAINER INITIALS	DATE
Demonstrate the ability to properly use a fall protection system.	TRAINER INITIALS	DATE
Demonstrate understanding of the falling object hazards in the work area.	TRAINER INITIALS	DATE
Demonstrate understanding of maximum vehicle capacities and vehicle limitations.	TRAINER INITIALS	DATE
Demonstrate understanding of the proper work activities for this type of aerial lift.	TRAINER INITIALS	DATE
Demonstrate understanding of the training requirements for authorized vehicle operation.	TRAINER INITIALS	DATE
Demonstrate the ability to operate the lower controls safely.	TRAINER INITIALS	DATE
Demonstrate the ability to operate the upper controls safely.	TRAINER INITIALS	DATE



EMPLOYEE NAME: _____

PERFORMANCE REQUIREMENTS

Demonstrate the ability to safely maneuver the vehicle.	TRAINER INITIALS	DATE
Demonstrate the ability to properly set the brakes and wheel chocks prior to elevating the lift.	TRAINER INITIALS	DATE
Demonstrate the ability to work safely without creating falling object hazards.	TRAINER INITIALS	DATE
Demonstrate the ability to work safely on the platform.	TRAINER INITIALS	DATE
Demonstrate the ability to stay clear of overhead obstructions, such as power lines.	TRAINER INITIALS	DATE
Demonstrate the ability to properly secure the vehicle after use.	TRAINER INITIALS	DATE

ADD ADDITIONAL WORKPLACE SPECIFIC REQUIREMENTS HERE

	TRAINER INITIALS	DATE
	TRAINER INITIALS	DATE
	TRAINER INITIALS	DATE
	TRAINER INITIALS	DATE

CERTIFICATION

I certify that this employee has completed the company Aerial Lift Safety Training and can safely operate and perform work on the type of vehicles listed on this form.

EMPLOYEE NAME: _____

ARIAL LIFT TYPES: _____

TRAINER SIGNATURE: _____

DATE: _____

