

Crane Operator Authorization

To: Personnel File for: _____
(Print Employee name)

From: _____ **Date:** _____
(Print Supervisor name)

This document confirms the Qualification of the above named employee to perform:
(Check all that apply)

- Operate/inspect overhead cranes and hoists within their department (T8CCR§5006, 5031)
- Inspect rigging and rig loads to be suspended within their department (T8CCR§5043)
- Other: _____

This designation is based on evidence of safe performance of all duties related to crane/hoist operation and verification by another "Qualified Person" through: *(Check all that apply)*

- Training – Appropriate training records¹ (including any skill checks or tests) are attached.
 - Operator Exam Form Completed
 - Rigger Training
- Experience – This employee has been safely performing and has demonstrated skill in crane/hoist operation for _____ years (minimum of five years).
- Instruction – This employee has received on the job instruction from me or another employee who is qualified, has observed this employee's work while performing this operation, and confirms that the employee has the knowledge to perform crane/hoist work safely.

If, for any reason, as their supervisor, I think that this employee is not performing this operation safely, this qualification will be revoked. Below are signature(s) of responsible person(s) verifying training, experience and/or providing instruction:

Supervisor Signature: _____ Date: _____

Qualifying Person (if not supervisor): _____ Date: _____

Employee Signature _____ Date: _____

cc: Supervisor file; Employee and their Personnel File

¹ If training is part of the evidence used to qualify this employee, attach records relevant to this qualification. Maintain records for the length of employment.

Authorized Crane / Hoist Operator Exam Form

Examination Information

Examination Date	
Crane/Hoist Type	
Crane/Hoist Assembly ID	
Sling Type	
Sling ID	
Examinee Name	
Program Coordinator Name	

Examination Item

Pass

Did the examinee use the frequent inspection checklist appropriately?	
Was the weight capacity of the load identified to ensure that it did not exceed rated load capacities?	
Was the load properly secured, balanced, and stable before performing the lift?	
Was a destination clearly identified before performing the lift?	
Was the examinee familiar with all controls?	
Was the load speed and control satisfactory (i.e. no sudden stops or acceleration)?	
Was the examinee aware of activities in the vicinity including personnel and equipment?	
After the lift, was the crane and/or hoist properly slowed with the hook near the bottom of the hoist?	
Were slings stowed properly after the lift (i.e. not subject to mechanical, damage, moisture, corrosives, extreme temp., etc.)?	

Examination Information

Examinee Signature	
Program Coordinator Signature	

*By signing this document, the Program Coordinator acknowledges that he/she has witnessed the examinee perform the frequent inspection correctly and the full cycle of a lift safely for the crane/hoist assembly as specified above. By signing this document, the examinee acknowledges that he/she has read and agrees to comply with the Crane, Hoist, and Sling Safety Program, as applicable, and to immediately notify the Program Coordinator of any discrepancies found during a frequent or periodic inspection.