

CRANE OPERATOR EVALUATION FORM

Appendix D to Subpart CC of Part 1926 – Documentation of operator evaluation

(1) Operator's name: _____

(2) Company name, address, contact information: _____

(3) **Training-** The candidate has successfully completed training in all of the topics in Appendix

C. Dates during which training was conducted: _____

Trainer's name: _____ Signature: _____ Date: _____

(4) Evaluation on specific equipment

With respect to the equipment that the candidate will operate, please initial to indicate that you have evaluated the candidate on the following knowledge areas and have determined that he/she is competent in those areas:

	Equipment A	Equipment B	Equipment C
Signaling			
Set-up			
Assembly/ Disassembly			
Driving			
Inspection			
Maintenance			
Operational aids			
Shutdown			

With respect to equipment that the candidate will operate, I have evaluated the candidate and have determined that he/she:

- has the skills necessary to operate the equipment safely, including those specific to the equipment's operational aids and software, the size and configuration of the equipment (including its lifting capacity, boom length, luffing jib, and counterweight set-up);
- has the knowledge and judgment to make sound determinations regarding equipment operations; and
- can apply the equipment's load charts and the manufacturer's procedures.

Equip A: Include make, model, and limitations (such as configurations, attachments, boom length, capacity,

etc.) _____

Evaluator's name (print): _____ Phone: (____) _____

Evaluator's company (if any) or other contact info: _____

Evaluator's signature: _____ Date: _____

** If there are multiple evaluators, use a different equipment letter (e.g., Equip A and Equip B) for each evaluator, but in the equipment description note that the equipment is the same (i.e., "Same as Equip A")*

Equip B: Include make, model, and limitations (such as configurations, attachments, boom length, capacity, etc.) _____

Evaluator's name (print): _____ Phone: (____) _____

Evaluator's company (if any) or other contact info: _____

Evaluator's signature: _____ Date: _____
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Equip C: Include make, model, and limitations (such as configurations, attachments, boom length, capacity, etc.) _____

Evaluator's name (print): _____ Phone: (____) _____

Evaluator's company (if any) or other contact info: _____

Evaluator's signature: _____ Date: _____
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(5) Hoisting skills

Specific hoisting activities for which the operator has demonstrated competency (e.g., personnel hoisting, multi-crane lifts, demolition operations, etc.):

(1) _____ Evaluator: _____ Date: _____

Contact info (if not included above): _____

(1) _____ Evaluator: _____ Date: _____

Contact info (if not included above): _____
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(6) Re-evaluation

I have re-evaluated the operator on Equip , as described above, and have determined that he/she is competent in the areas specified in item 4 (Evaluation) of this form.

Evaluator's name (print) and signature: _____ Date: _____

Contact info (if not included above): _____
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