QUALIFIED OPERATOR EVALUATION
TOWER CRANES

EVALUATION DATE _____

OPERATOR NAME _____

CERTIFICATION ISSUED BY _____ **CERTIFICATION #** _____

CRANE MAKE _____ **MODEL** _____

CRANE TYPE CONFIGURATION ☐ **Hammerhead** ☐ **Luffing Boom** ☐ **Self-Erecting** ☐ **Flattop**

I have evaluated the operator on the following knowledge areas and have determined he/she is competent in these areas for the equipment which he/she will operate. *(Evaluator to initial each area)*

_____ Operation _____ Software

_____ Operational Aids _____ Shutdown

_____ Safety Devices

I have evaluated the operator with respect to the equipment that he/she will operate and have determined that he/she:

1. Has the skills and knowledge, as well as the ability to recognize and avert risk, necessary to operate the aforementioned equipment safely, including those specific to the safety devices, operational aids, software, and the size and configuration of the equipment. [OSHA 1926.1427(f)(1)(i)]
2. Has the ability to perform the hoisting activities required for assigned work including blind lifts, personnel hoisting, and multi-crane lifts. [OSHA 1926.1427(f)(1)(ii)]; and
3. Understands and can apply the equipment's load charts as well as the manufacturer's procedures.

_____ _____

Evaluator's Name (Print) Evaluator's Company Name

_____ _____

Evaluator's Signature Date

_____ _____

Controlling Entity Evaluator's Name (Print) Controlling Entity (Company Name)

_____ _____

Controlling Entity Evaluator's Signature Date

The Controlling Entity agrees to immediately contact _____ should they have any reason to believe the operator needs to be re-evaluated or is involved in a near-miss or incident while operating the crane.

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