



BELT MANLIFT CERTIFICATION

Facility _____

Date of Training ____/____/____

Company _____

Employee Name _____

Type of Manlift: Open Belt Manlift Other _____

Type of Training: Initial Annual

Method of Training: Classroom (video) On-the-Job (demonstration) Both

I, _____, certify that _____ has
(Trainer- Print Full Name) (Trainee – Print Full Name)

Been adequately trained and is competent in the proper use of the Open Belt Manlift according to ASME A90.1-2015 standards. He/she understands the responsibilities of safe use and the overall operating rules.

Signature of Trainer: _____

I certify that I have received the training on the Open Belt Manlift and feel that I have the appropriate understanding, knowledge and skill to safely and effectively operate the manlift.

Signature of Trainee: _____