



# CONTRACTOR MOBILE EQUIPMENT TRAINING VERIFICATION

Contractor Employee Name (Employee): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Contractor Name (Company): \_\_\_\_\_

Each employee who is assigned to operate a piece of mobile equipment in which he or she has no previous work experience must be trained in the health and safety aspects and safe work procedures specific to that piece of equipment, including equipment inspections. This training must be provided before the employee operates equipment. If a change occurs in an employee's assigned equipment operation that affects the health and safety risks encountered by the employee, the employee must be given training that addresses the change.

Please check appropriate box for the mobile equipment the employee has been trained on:

- |   |   |
|---|---|
| <input type="checkbox"/> Scissor Lift 1951 Genie 3232   | <input type="checkbox"/> Boom Lift Genie Z135 |
| <input type="checkbox"/> Scissor Lift 1952 Genie IWP305 | <input type="checkbox"/> Overhead Crane       |
| <input type="checkbox"/> Scissor Lift 1949 Genie GS1930 | <input type="checkbox"/>                      |
| <input type="checkbox"/> Scissor Lift 1948 Genie 2032   |   |
| <input type="checkbox"/> Scissor Lift JLG 3369LE 2005   |   |
| <input type="checkbox"/> Boom Lift Genie Z45/25J 1950   |   |
| <input type="checkbox"/> Boom Lift Genie 30/20 NRJ      |   |

\_\_\_\_\_  
(Signature of equipment trained employee)

\_\_\_\_\_  
(Contractor Representative/Foreman Signature)-"I certify the above training has been completed."

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE DELIVER DOCUMENTATION TO THE ON-SITE COORDINATOR OR SAFETY COORDINATOR AT DRY FORK STATION**