

Aerial Lift/Articulating Boom Lift Operator

Performance Evaluation Form (Sample)



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RISK CONTROL

Instructions: Use this checklist during the hands-on performance portion of your training program to evaluate the operator proficiency. This form can be used periodically to re-evaluate and ensure forklifts are being operated properly.

Note: Operators must have hands-on training for each different lift.

Operator Name:	Evaluator Name (Print):
Evaluation Date:	Equipment Operated/Brand/Model#:

(Including, but not limited to the following)

Pre-Use Inspection	N/A	Pass	Fail	Comments
Completes Pre-use inspection checklist document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locates Operator's Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locates safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Looks for air/hydraulic/fuel system leaks on hoses, connections and boom cylinders. Damaged hydraulic hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cables and wiring harness for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loose or missing parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boom condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers/stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrail damage and safety chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator can locate the lift capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator can locate the fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checks pothole protectors & out of level warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checks capacity indicator and movement alarms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect Worksite	N/A	Pass	Fail	Comments
Examine path of travel ground surface, (holes, bumps, slopes, muddy/soft surface, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surface able to support load forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum 10' clearance to overhead power lines. Other overhead lines/cables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presence of other personnel in the work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish safe zone with barricades work area to separate traffic and pedestrians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Function Test of Lower Control Station	N/A	Pass	Fail	Comments
Properly tests the lower controls to verify machine operates properly, not erratically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting the Machine	N/A	Pass	Fail	Comments
Enters facing the machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses three point contact and hand holds when climbing (one foot/two hands or two feet/one hand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrail bucket gate or chain in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses fall arrest harness, lanyard and properly connected to the designed anchor point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bucket/Basket Function Test Control Station	N/A	Pass	Fail	Comments
Properly tests the upper controls to verify machine operates properly and not erratically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive Machine and Creep/Inch Forward and Reverse	N/A	Pass	Fail	Comments
Moving 10 feet in a driving mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creeping 5 feet, Verifies unit balance and stability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basket/Bucket moved to lowest position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boom lowered and retracted before traveling unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine Operations	N/A	Pass	Fail	Comments
Deploy/Set up Outriggers/Stabilizers (if unit is equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn Vehicle 360 degrees right and left. Verify unit balance and stability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boom up & down, In & Out - Fully extend, fully rise in smooth manner. Verifying unit balance and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tilt basket/bucket in each direction in a smooth manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn of machine with Emergency Stop function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Park and Shut Down Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dismounting the Machine	N/A	Pass	Fail	Comments
Dismounts facing the machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses three point contact and hand holds when climbing (one foot/two hands or two feet/one hand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Operator's performance on this specific Aerial/Articulating Boom Lift was satisfactory.

Operator's performance on this specific Aerial/Articulating Boom Lift was unsatisfactory. Employee is not authorized to operate the lift at this time and will need to be re-evaluated after additional training is completed.

I certify that the above information is correct and accurate.

Evaluator Signature: _____ Date: _____