

Aerial Platform Training Certification Form

(Initial Training)

This certification form must be completed for potential aerial platform operators. This would include employees or temporary workers. This document must be maintained at your facility and available for review. New Operators must receive the training before being allowed to operate the aerial platform (except for demonstration purposes). This completed certification form must be returned to the Certification File Administrator within **48 hours**.

Employee _____ Date: _____
(Print clearly)

Type of Aerial platform eligible to operation_____

Trainers Name/Title: _____ Date: _____
(Print clearly)

(check box)

- a) ☐ Purpose and use of manual associated with the aerial platform
- b) ☐ Requirements for completing and documenting pre-shift inspections.
- c) ☐ Requirements for reporting equipment found to be unsafe.
- d) ☐ Aerial platform safety rules (and owners manual)
- e) ☐ Safety requirements for work zone
- f) ☐ Battery charging procedures
- g) ☐ Discuss site specific safety concerns
- h) ☐ Review specific operating procedures of the aerial platform
- i) ☐ Demonstrated the ability to safely operate the aerial platform

The undersigned does agree that the above training was provided to them during the course of their initial aerial platform training session.

Employee Signature: _____ Date: _____
(Clearly sign)

[illegible]

Aerial Platform Retraining

Aerial platform operators must receive relevant retraining as the result of an accident, safety violation or near miss. Retraining must be completed and documented on the retraining section of the individual's Aerial Platform Training Certification Form before the operator is allow to resume their operating responsibilities.

Trainers Name/Title: _____ Date: _____
(Print clearly)

- a) List the issue(s) requiring re-training: _____ Date: _____

- b) List the relevant topics of training provided and discussed to prevent future recurrence.

*) _____

The undersigned does agree that the above training was provided to them during the course of their re-training training session.

Operator Signature: _____ Date: _____
(Sign clearly)