

Aerial/Scissor Lift Operator Authorization

Employee Name: _____ Date: _____

Aerial Device (s) _____

The above named employee has been trained in the following elements and is authorized to operate the devices listed above:

- ___ Explanations of electrical, fall, and falling object hazards;
- ___ Procedures for dealing with hazards;
- ___ Recognizing and avoiding unsafe conditions in the work setting;
- ___ Instructions for correct operation of the lift
(including maximum intended load and load capacity);
- ___ Demonstrations of the skills and knowledge needed to operate an aerial lift before
operating it on the job;
- ___ When and how to perform inspections; and
- ___ Manufacture's User Manual.

**The employee understands that it is his/her responsibility to review the
Operation Manual and follow all Safety Guidelines prior to operation.**

Employee's Signature: _____

Supervisor's Signature: _____

Trainer's Signature: _____