



Authorized Equipment Operator Form

**This model form/template must be customized to meet your Agency’s needs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual) has been designated as an “Authorized” Equipment Operator by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employer) based on the individual’s training, experience, and demonstrated skills in the following:

* Equipment Basics Training (Classroom)
* Equipment Checklist Requirements
* Equipment Operating Safety Precautions
* Load Handling
* Safety Precautions and Special Situations
* Equipment Safety Quiz
* Hands-On Equipment Use and Operating Evaluation

**Training Requirements Required by the Employer:**

* Initial training before assignment and authorization
* Recertification required every three years
* Additional refresher training based upon performance, near-misses, or accidents

**Operator Evaluation Date Evaluated/Passed by** Employee understands equipment instructions and limitations \_\_\_\_\_ \_\_\_\_\_

Employee can smoothly operate equipment in forward and reverse \_\_\_\_\_ \_\_\_\_\_ Employee can safely raise and lower bucket and attachments \_\_\_\_\_ \_\_\_\_\_ Employee can tilt and adjust bucket and attachments \_\_\_\_\_ \_\_\_\_\_

Employee can safely raise and lower a loaded bucket \_\_\_\_\_ \_\_\_\_\_

Employee understands all equipment warnings and caution decals \_\_\_\_\_ \_\_\_\_\_

Employee travels, enters and exits the work area safely with equipment \_\_\_\_\_ \_\_\_\_\_

Employee safely fuels equipment \_\_\_\_\_ \_\_\_\_\_

Employee parks and secures equipment \_\_\_\_\_ \_\_\_\_\_

Employee properly secures equipment for transport \_\_\_\_\_ \_\_\_\_\_

Review of supporting documents related to “Authorized Operator” designation: (attach copies)

\_\_\_\_\_\_ Training, classes, and workshops attended

\_\_\_\_\_\_ Years of experience in supervisor or lead person (number of years/months)

\_\_\_\_\_\_ Formal education, union apprenticeship, etc.

\_\_\_\_\_\_ On-the-job performance: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment trained on and authorized to operate: (list manufacturer, make and model no.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized and Designated by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual assigned as an “Authorized” Equipment Operator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_