APPENDIX C

Renewal Evaluation of Operator Performance
For Overhead/Gantry Crane Operators
Renewal Evaluation of Operator Performance
For Overhead/Gantry Crane Operators

Operator’s Name______________________________________ ID #:____________________

Print Name

Specific Equipment_______________________ Equipment Location____________________

I certify that the operator listed above has operated the indicated equipment in a safe manner and does not require refresher training at this time. The operator has not been involved in any equipment accidents or near miss incidents. The equipment listed has not been modified and the equipment location has not been altered. The operator continues to safely and effectively operate the equipment, including (but not limited to) the following functions:

1. Shows familiarity with the controls.
2. Maneuvers load properly.
3. Follows proper procedures at both start and finish.

Return this evaluation with a completed physical qualification form to OSEH.

Evaluator: ____________________________

Print Name ____________________________

Signature ____________________________

Date: ____________________________

Return to:
Donna Capron
OSEH
1239 Kipke Drive – CSSB, 48109-1010