Permitted Equipment Operator's Request Form

☐ Initial Request (UM Employees)  ☐ Contracted Vendor Labor (CVL)

Operator's Name _______________________________  UM ID#________________________
Operator's Uniqname _______________________________  Job Title __________________________
Department _________________________________  Supervisor ________________________
Department Contact _______________________________  Department Contact ______________________

(Name)  (Uniqname)

Driver's License: State ____________ Expiration Date ____________ Restrictions ____________

Identify specific type of equipment and location of operation

Type (Circle all that apply):

Powered Industrial Vehicles:  Aerial Lifts:  Cranes:  Tractor:
Fork Lift  Self Propelled Elevating  Gantry  Tractor
Industrial Tractors (Kubota/Toolcat)  Manual Propelled Elevating  Overhead
Powered Pallet Jacks (Walkie)  Boom Supported Elevating  Vehicle Mounted

Location (Bldg./Dock Area, Shop #):

I certify that the operator listed above has demonstrated safe operation of the indicated equipment.

Please return this evaluation and the following forms to EHS-PermitEquip@umich.edu:

UM Employee Requests:
☐ Written Test, specific to the equipment being used
☐ Performance Evaluation

CVL Requests:
☐ Copy of current equipment permit from employer
☐ Performance Evaluation, specifically for UM equipment

Evaluator/Supervisor’s Name: _______________________________  Date: ________________
Print
Signature

Initial Request: Evaluation of Operator Performance