



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 _____
(Name)

Department Contact _____
(Uniqname)

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

Identify specific type of equipment and location of operation

Type (Cicle all that apply):

Powered Industrial Vehicles:

- Fork Lift
- Powered Pallet Jacks (Walkie)
- Utility Vehicle (Kubota/Toolcat)

Aerial Lifts:

- Boom Supported Elevating
- Manual Propelled Elevating
- Self Propelled Elevating
- Vehicle Mounted

Cranes:

- Gantry
- Overhead

Tractor:

- Tractor

Mobile Equipment:

- Backhoe
- Bulldozer
- Front End Loader
- Skid Steer (Bobcat)
- Telehandler

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