



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):

<u>Powered Industrial Vehicles:</u>	<u>Aerial Lifts:</u>	<u>Cranes:</u>	<u>Tractor:</u>	<u>Mobile Equipment:</u>
Fork Lift	Boom Supported Elevating	Gantry	Tractor	Backhoe
Powered Pallet Jacks (Walkie)	Manual Propelled Elevating	Overhead		Bulldozer
Utility Vehicle (Kubota/Toolcat)	Self Propelled Elevating			Front End Loader
	Vehicle Mounted			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

Evaluator/Supervisor's Name: _____

Date: _____

Print

Signature