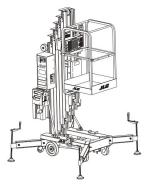


Aerial Lift Operator Job Performance Measure (TQ-AERIAL-P / TQ-AERIAL-P1A)

Type 1, Group A Manually Propelled Vertical Lift



				<u>_</u>
Candidate Name (Print):	Life Number	Department/Division		
Evaluator Name (Print):	Date JPM Completed	Bldg. Number where JPM Performed		
Prerequisite Information				
Prerequisites and practice/observat	ion activity mu	ust be completed before jo	ob perform	ance measure is
administered.				
GE-FALLPROTECT	TQ-AERIA	L-C or TQ-AERIAL-W	OM	-MEDSURV-AERIAL
Fall Protection Course Completion Date	Aerial Lift Operator Course Completion Date		Aerial Lift Operator Medical Surveillance completion date	
Practice or observation activity ver	rified by:	OJT Instructor (sign and	nrint nama)	
Initial to acknowledge		OTT ITISTI UCTOT (SIGIT ATIU)	print name)	
Review of Manufacturer's				
		anufacturer's Operating Mar	nual. This re	ading task is a prerequisite
to all subsequent hands-c	on training and e	evaluation activities.		
Supervisor New Operator Hands-on 1	Tuainina.			
The troperator manas on t	-	ow, verifies that the candida	oto Inovu one	rator) has successfully
l '		en provided practice time wi		•
•	_	ate has demonstrated satisf	•	•
performance measures p			actory comp	etence in the standards and
Total hands-on tra	•			
Total Hallas off the				
Supervisor Incumbent Operator Comp				
		ow, has observed the candid		
specified aerial device pe	rforming routine	e work on multiple occasions	s in a compe	tent and proficient manner.
Approximate tota	l operating hou	rs:		
uipment used for this JPM:				
dipinent used for this Jewi.				
Aerial Lift Manufacturer:		Model:		
Evaluation Results:	☐ PAS	SSED 🗌 DID	NOT PAS	S
Evaluator Signature:			Date:	
Candidate Signature:			Date:	
Supervisor Signature:			Date:	

Note: Supervisor is responsible for familiarization on specific equipment before authorizing their use.

Pass	Fail	N/A	Instructions: Check each box as the candidate performs the corresponding step			
			Performed workplace inspection including:			
			Inspected the workplace			
			Identified all real and/or simulated hazards			
			Marked all hazards that could not be eliminated			
			Performed pre-start inspection including:			
			Confirmed current inspection			
			Confirmed the required manuals are with machine			
			Performed walk-around inspection per Operation and Safety Manual, and BNL pre-use inspection tag			
			Confirmed area around machine is clear of personnel and obstacles			
			Lowered/installed the outriggers and leveled the machine			
			Performed Function Check from ground controls per Operation and Safety Manual			
			Donned required PPE prior to entering platform			
			Maintained 3 points of contact when entering the platform			
			Properly anchored fall protection			
			Performed Function Check from platform controls per Operation and Safety Manual			
			Operator stated proper course of action to take if a malfunction is discovered			
			Operated machine safely including:			
			Provided required instruction to all occupants inside the platform (if applicable)			
			Verified that the area around and above machine was free of obstacles			
			Verified that the lift was positioned properly to complete assigned task			
			Positioned platform at target using correct sequence - Raise, Extend Deck			
			Moved the lift correctly with deck extended (if applicable)			
			Retracted deck before lowering platform (if applicable)			
			Avoided all obstacles and simulated hazards in training course			
			Always looked in direction of travel when lift was in motion			
			Maintained visual awareness throughout operation, including 360° horizontal scan and full up/down			
			(±180° vertical field of view)			
			Completed assigned task and course within a reasonable amount of time			
			Shut down and secured machine including:			
			Placed machine in stowed position			
			Pushed in E-Stop at platform control station			
			Maintained 3 points of contact when exiting the platform			
			Closed and secured all access panels and doors			
			Properly raised and stowed outriggers			
			Pushed in E-Stop at ground control station			
			Removed key from ground control station			
			Closed propane tank valve (if applicable)			

When complete, please send a scanned copy of this signed JPM form to $\underline{\text{training@bnl.gov}} \text{ for processing.}$