



Aerial Lift Operator Job Performance Measure

(TQ-AERIAL-P / TQ-AERIAL-P1B)

Type 1, Group B Compact Crawler

Candidate Name (Print):	Life Number	Department/Division
Evaluator Name (Print):	Date JPM Completed	Bldg. Number where JPM Performed

Prerequisite Information

Prerequisites and practice/observation activity must be completed before job performance measure is administered.

GE-FALLPROTECT	TQ-AERIAL-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 yor	ified by:			
Practice or observation activity ver	OJT Instructor (sign an	d print name)		
Initial to acknowledge				
Candidate Review of Manufacturer's				
The candidate has read th	The candidate has read the applicable Manufacturer's Operating Manual. This reading task is a prerequisite			
to all subsequent hands-on training and evaluation activities.				
Supervisor New Operator Hands-on T	raining			
	The candidate's supervisor, identified below, verifies that the candidate (new operator) has successfully			
	completed hands-on training and has been provided practice time with direct supervision of a qualified			
operator or trainer/examiner. The candidate has demonstrated satisfactory competence in the standards and				
performance measures pr		station y competence in the standards and		
	•			
lotal hands-on tra	ining hours:			
Supervisor Incumbent Operator Comp	etence/Proficiency:			
The candidate's superviso	r, identified below, has observed the cand	idate (incumbent operator) operating the		
specified aerial device per	specified aerial device performing routine work on multiple occasions in a competent and proficient manner			
Approximate total	Approximate total operating hours:			
•• •••				

Equipment used for this JPM:

Aerial Lift Manufacturer: ______ Model: _____

Evaluation Results:		Results:	PASSED		DID NOT PASS			
Evaluat	or Sig	nature	:				Date:	
Candidate Signature:					Date:			
Supervisor Signature:					Date:			
			N	ote: Supervisor is respo	nsible for familiarization on	specific equipment before au	ithorizing	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				
 Deployed outriggers and leveled 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				
Avoided all obstacles and simulated hazards in training course				
Positioned lift at appropriate location to complete assigned task				
Positioned platform at target using correct sequence – Drive, Boom, Telescope				
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				
 Properly raised and stowed outriggers				
 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				
Pushed in E-Stop at ground control station Removed key from 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 training@bnl.gov for processing.

Please keep a copy for your records.