Aerial Lift Operator Job Performance Measure  
(TQ-AERIAL-P / TQ-AERIAL-P3B)  
Type 3, Group B  
Boom Lift

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.

<table>
<thead>
<tr>
<th>GE-FALLPROTECT</th>
<th>TQ-AERIAL-C or TQ-AERIAL-W</th>
<th>OM-MEDSURV-AERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Protection Course Completion Date</td>
<td>Aerial Lift Operator Course Completion Date</td>
<td>Aerial Lift Operator Medical Surveillance completion date</td>
</tr>
</tbody>
</table>

Practice or observation activity verified by: ____________________________________________ OJT Instructor (sign and print name)

Initial to acknowledge  
Candidate

Review of Manufacturer’s Manual:
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 Training:
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 prescribed by this checklist.

Total hands-on training hours: ______.

Supervisor

Incumbent Operator Competence/Proficiency:
The candidate’s supervisor, identified below, has observed the candidate (incumbent operator) operating the specified aerial device performing routine work on multiple occasions in a competent and proficient manner.

Approximate total operating hours: ______.

Equipment used for this JPM:

Aerial Lift Manufacturer: _____________________________ Model: _____________________________

Evaluation Results:  
☐ PASSED  ☐ DID NOT PASS

Evaluator Signature:  
Date:  

Candidate Signature:  
Date:  

Supervisor Signature:  
Date:  

Note: Supervisor is responsible for familiarization on specific equipment before authorizing their use.
### Instructions: Check each box as the candidate performs the corresponding step

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>N/A</th>
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</table>

#### 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
- 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
- Sounded horn before movement
- Raised platform to proper driving position to allow visibility
- Maneuvered the machine at appropriate speed
- Avoided all obstacles and simulated hazards in training course
- Verified that the lift was positioned properly 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:
- Parked 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
- Pushed in E-Stop at ground control station
- Removed key from ground control station
- Closed propane tank valve (if applicable)

When complete, please forward this signed JPM form to Training & Qualifications in Building 400B for processing. Please keep a copy for your records.