

Aerial Lift Operator Job Performance Measure (TQ-AERIAL-P / TQ-AERIAL-P92.2)

A92.2

Truck-mounted/Trailer-mounted 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.

GE-FALLPROTECT	TQ-AERIAL-C or TQ-AERIAL-W	OM-MEDSURV-AERIAL
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Fall Protection Course Completion Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Aerial Lift Operator Course Completion Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Aerial Lift Operator Medical Surveillance completion date

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:	
<i>Note: Supervisor is responsible for familiarization on specific equipment before authorizing their use.</i>			

<i>Pass</i>	<i>Fail</i>	<i>N/A</i>	<i>Instructions: Check each box as the candidate performs the corresponding step</i>
			Performed workplace inspection including:
			<ul style="list-style-type: none"> Inspected the workplace
			<ul style="list-style-type: none"> Identified all real and/or simulated hazards
			<ul style="list-style-type: none"> Marked all hazards that could not be eliminated
			Performed pre-start inspection including:
			<ul style="list-style-type: none"> Confirmed current inspection
			<ul style="list-style-type: none"> Confirmed the required manuals are with machine
			<ul style="list-style-type: none"> Performed walk-around inspection per Operation and Safety Manual
			<ul style="list-style-type: none"> Positioned aerial lift at appropriate location to complete assigned task
			<ul style="list-style-type: none"> Confirmed area around machine is clear of personnel and obstacles
			<ul style="list-style-type: none"> Deployed outriggers and leveled machine
			<ul style="list-style-type: none"> Performed Function Check from ground controls per Operation and Safety Manual
			<ul style="list-style-type: none"> Donned required PPE prior to entering platform
			<ul style="list-style-type: none"> Maintained 3 points of contact when entering the platform
			<ul style="list-style-type: none"> Properly anchored fall protection
			<ul style="list-style-type: none"> Performed Function Check from platform controls per Operation and Safety Manual
			<ul style="list-style-type: none"> Operator stated proper course of action to take if a malfunction is discovered
			Operated machine safely including:
			<ul style="list-style-type: none"> Provided required instruction to all occupants inside the platform (if applicable)
			<ul style="list-style-type: none"> Verified that the area around and above machine was free of obstacles
			<ul style="list-style-type: none"> Verified that the lift was positioned properly to complete assigned task
			<ul style="list-style-type: none"> Avoided all obstacles and simulated hazards in training course
			<ul style="list-style-type: none"> Positioned platform at target using correct sequence - Boom, Telescope
			<ul style="list-style-type: none"> Always looked in direction of travel when lift was in motion
			<ul style="list-style-type: none"> Maintained visual awareness throughout operation, including 360° horizontal scan and full up/down (±180° vertical field of view)
			<ul style="list-style-type: none"> Completed assigned task and course within a reasonable amount of time
			Shut down and secured machine including:
			<ul style="list-style-type: none"> Placed machine in stowed position
			<ul style="list-style-type: none"> Pushed in E-Stop at platform control station
			<ul style="list-style-type: none"> Maintained 3 points of contact when exiting the platform
			<ul style="list-style-type: none"> Closed and secured all access panels and doors
			<ul style="list-style-type: none"> Properly raised and stowed outriggers
			<ul style="list-style-type: none"> Pushed in E-Stop at ground control station
			<ul style="list-style-type: none"> Removed key from ground control station

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.