

EQUIPMENT OPERATOR ASSESSMENT CHECKLIST

Completed by: _____

Date: _____

Equipment Operator: _____

Equipment Type: _____

Years running this type of equipment: _____

Equipment Number: _____

Project Name: _____

YES NO

1. Completes daily inspection of equipment, records information of hazards, hour readings, maintenance and repairs and signs off. Communicates repair/maintenance needs with Supervisor		
2. Complete daily inspection of rigging and equipment attachments (i.e. buckets, blades, hoisting chains etc.)		
3. Knowledge of load chart, manufactures manual, safe work practices and procedures related to equipment operation, care, maintenance.		
4. Knowledge of equipment related work jurisdiction's OHS Regulations for the equipment they are assigned to operate.		
5. Has the appropriate level of training/experience and qualifications to run assigned piece of equipment and attachments.		
6. Movement of controls – smoothness		
7 (a). Operation – traveling, attention to surroundings		
7 (b). Operation – swinging, hoisting, backing-up etc.		
8. Understands Operations of electronics		
9. Knowledge of overhead hazards safe work practice, i.e. power lines		
10. Awareness of equipment communication procedures for site, between other operators, signalman, ground crew, etc.		
11. Awareness of emergency response plan for site (i.e. equipment failures)		
12. Attended site safety orientation for project prior to starting work on site.		
13. Received new worker orientation prior to starting work on site		
14. Understands accident, incident, near-miss and spill reporting procedures		
15. Understands hazardous act and condition reporting procedures.		
16. Understands safety/general rules and site specific safety rules		
17. Participates in the rigging, preventative maintenance, mobilization and demobilization of equipment on the work site		
18. Understands the type of equipment work being carried out for the project and understands Operator tasks for each work day.		

COMMENTS:

Worker Competent Y or N Operators Assessment (scale 1 to 10, 1 being low) _____

Follow Up Completed Y or N Date: _____

Supervisor demonstrated how task should be done, discuss all known safety hazards that may affect the worker, provide the worker with all the information that is necessary to do the job safely and correctly.

Supervisor Signature: _____

Date: _____

Worker Signature: _____

Date: _____