

Appendix A

Crane & Hoist Qualified Person Documentation

Employee Name: _____ Date: _____

TWU Username: _____ Department: _____

Supervisor: _____ Date: _____

This document confirms the qualification of the above-named employee to perform (*check all that apply*):

- Operate/inspect overhead cranes and hoists within their department
- Inspect rigging and rig loads to be suspended within their department
- Other

This designation is based on evidence of safe performance of all duties related to crane/hoist operation and verification by another qualified person through (*check all that apply*):

- Training:* Appropriate training records (including any skill checks or tests) are attached.
- Experience:* This employee has been safely performing and has demonstrated skill in crane/hoist operation for ____ years (minimum of five years).
- Instruction:* This employee has received on-the-job instruction from a qualified person, has observed this person's work while performing this operation, and confirms that the employee has the knowledge to perform crane/hoist work safely.

If, for any reason, as their supervisor, I think that this employee is not performing this operation safely, this qualification will be revoked. Below are the signature(s) of the responsible person(s) verifying training, experience, and/or providing instruction:

Supervisor Signature: _____ Date: _____

Qualifying Person (if not supervisor): _____ Date: _____

Employee Signature: _____ Date: _____

CC: TWU EH&S, departmental employee personnel files