FN000005 EV   **Crane Operator Performance Evaluation**
Crane Operator Training

Name_____   **ID#**_____   **M.S.**_____**Div/Sec**_____

Experienced Operator Training waiver
   OJT waived, supervisor signature: _____ **ID#**_____ **Date** _____
   Evaluation waived, supervisor signature: _____ **ID#**_____ **Date** _____

CRITERIA	SATISFACTORY	UNSATISFACTORY
1. Pre-operational check		
a. Check Log Book		
b. Check crane for damage		
c. Check lifting equipment for damage		
2. Load inspection		
a. Identify Load weight (not to exceed rated capacity)		
b. Check load is secure, balanced and stable		
c. Check rigging (e.g. rope free of kinks, etc.)		
d. Hook position - above center of gravity		
3. Move planning		
a. Identify destination		
b. Select appropriate path		
4. Manipulation of Controls		
a. Manipulation of Controls		
b. Initial lift (up to 6")		
c. Vertical Moves		
d. Lateral Moves		
e. Speed (no sudden acceleration/ deceleration)		
f. Load control		
5. Awareness / Observations		
a. Aware of activities occurring at time of move		
b. Alert for potential problems in vicinity		
6. Signals		
a. Hoist		
b. Stop		
c. Emergency Stop		
7. Post Move Actions		
a. Equipment stored properly		
b. Crane secured		

Crane Type (circle one)

1. Overhead Crane/Remote Control   **2.** Overhead Crane/Pendant Control

3. Hoist/hand operated   **4.** Hoist/Electric

Crane Location:

Evaluator Instructions:

1. Make sure the equipment is in safe condition and environment is suitable for training.
2. Ask the operator to perform each item on the Crane Operator Performance Evaluation. (*Note: If a criteria does not apply, draw a line through the criteria and initial it.*)
3. Assess the operator's performance for each item on the Crane Operator Performance Evaluation.
4. Explain any *unsatisfactory* marks to the operator and schedule additional training if needed.
5. Date and sign Crane Operator Performance Evaluation. Forward the form to operator's supervisor for review and signature.
6. Mail form to ESH Section (M.S.119).

Crane Evaluator signature:_____ **ID#** _____   **Date:**_____

Supervisor signature:_____ **ID#** _____   **Date:**_____