

FN000005 EV/ OJ
Crane Operator Training

Crane Operator Performance Evaluation

Name _____ ID# _____ M.S. _____ Div/Sec _____

Evaluation waived, supervisor signature: _____ ID# _____ Date _____

Justification for waiver _____

Experienced Operator Training waiver

OJT waived, supervisor signature/ Evaluator: _____ ID# _____ Date _____

Justification for waiver _____

Complete for field evaluation ONLY

CRITERIA	SATISFACTORY	UNSATISFACTORY
1. Pre-operational inspection check list		
1.1 Without power applied (controls in off position)		
a. Check controllers (radio transmitter, pendant, hand chain, control ropes etc.)		
b. Inspect hook, rope, chain for damage		
c. Check crane for damage		
d. Check lifting equipment for damage		
1.2 With power applied.		
a. Check controls for proper directions and auto return to neutral when released.		
b. Verify the upper and lower limit switches function		
c. Check the hoist, trolley, and bridge brakes.		
d. Test all motions.		
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 with load.		
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. Hand Signals		
a. Hoist		
b. Trolley		
c. Bridge		
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:** _____

On-the-Job Training Record required if not waived.

Date	Hours	Training Description (ex. Operated overhead crane in building ____ to move magnet. Operated hoist, trolley and bridge motion.)	Supervisor/senior operator signature.	Trainee signature.

DATA MANAGEMENT

Date Entered _____ Class Code _____ Signature _____