MSU Aerial Work Platform On-Site Training Form

Instructions: Please print clearly, and complete each blank. The employee shall initial each statement. Once completed, submit this form to ORCBS.

Operator__________________________ Qualified Trainer*________________________________

Date_____________ Type of aerial work platform______________________________________

___ I have been instructed on the intended purpose and function of each of the controls on the aerial work platform that I will use.

___ I have read and understand the manufacturer’s operating instructions and safety rules for the aerial work platform that I will use.

___ I understand that horizontal movement while in the elevated position can only occur when: 1) the aerial work platform is equipped with manufacturer’s installed controls for horizontal movement on the elevated platform and 2) horizontal movement while elevated is approved in the manufacturer’s operating instructions.

___ I have read and understand all decals, warnings, and instructions displayed on the aerial work platform.

___ I have read and understand the following:

(1) An employer shall provide the operator of an aerial work platform with an aerial work platform permit.
(2) The MSU aerial lift on-site training form and online training program must be completed before an employee is issued a permit.
(3) A permit shall be carried by the operator or be available at the job site and shall be displayed upon request by a MIOSHA representative.
(4) A permit shall indicate the type of aerial work platforms an operator has been trained on and is qualified to operate.
(5) A permit to operate an aerial work platform is valid only when performing work for the employer who issued the permit. A permit shall be issued for a period of not more than 3 years.
(6) A permit shall contain all of the following information:
   (a) Firm name.
   (b) Operator’s name.
   (c) Name of issuing authority. (Authorized by)
   (d) The following types of aerial work platform the operator is authorized to operate:
      (i) Vehicle-mounted elevating work platform such as:
         (1) Extensible boom aerial devices.
         (2) Aerial ladders.
         (3) Actuating boom aerial devices.
         (4) Vertical towers.
      (ii) Manually propelled elevating work platforms.
      (iii) Boom-supported elevating work platforms.
      (iv) Self-propelled elevating work platforms.
   (e) Date issued.
   (f) Expiration date.
(7) The manufacturer’s operating instructions and safety rules shall be provided and maintained in a legible manner on each unit by the employer.

This aerial work platform requires fall protection. YES NO

________________________________  ____________________________________
Operator signature    Qualified Trainer signature

*Qualified Trainers are designated by the ORCBS.