Appendix A
UND Aerial Platform or Scissor Lift Certification Form
Specific Lift Familiarization Training

This form documents the OSHA-Required Aerial Platform or Scissor Lift training that is performed by an approved, competent person. Risk Management & Safety shall approve the trainer which is based on his/her experience with the particular lift or his/her safety training experience. The training may also be performed by the lift manufacturer’s or vendor’s appointed representative or through video that is provided by the manufacturer, specific to the particular lift. Each operator shall be trained on each aerial platform or scissor lift that he/she operates. The Specific Lift Familiarization Training shall consist of a review of the following items:

A. All safety placards and warnings
B. All switches, drive mechanisms, adjustments, and controls (both lower and upper controls)
C. The functional operation of the lift
D. The use of the outriggers or stabilizing equipment
E. All gauges, horns, and lights
F. Proper fueling and/or battery charging procedures
G. Inspections and the inspection process

Aerial or Scissor Lift: ____________________
Lift Manufacturer Model Serial #

I certify that I have met with the trainee identified below and have reviewed the operations of the specific lift identified above and made myself available to answer any questions he/she may have had with regards to the operation of this lift.

_________________________ _______________________ __________
Print Trainer’s Name Signature of Trainer Date

I certify that I have met with the trainer identified above and that he/she has reviewed with me the operations of the specific aerial platform or scissor lift identified above. I was given an opportunity to ask questions which, if any, were answered to my satisfaction and that I now have the necessary understanding of operations of this lift. I am also certifying that I have received general training on the safe operation of aerial platform or scissor lifts through the Risk Management & Safety Department which covers responsibilities, inspections, platform stability, precautions, safety considerations, standard operating procedures, and other related safety concepts. I have reviewed the operator’s manual for this lift and have been given the opportunity to ask questions that I may have had.

_________________________ _______________________ __________
Print the Trainee’s Name Signature of Trainee Date

Trainer’s Department or Company Name ________________________________

Approval Date: 3/7/2019 Aerial Platform and Scissor Lift Procedure Safe010
Review Date: Page 1 of 1 Owner: RMS/Director