EQUIPMENT OPERATION
CRANE OPERATOR VERIFICTION

CHECK

1. **Physical Qualifications** *(To be verified in pre-placement physical)*
   Per ANSI B30.5, Sec. 5-3.1.2, this Operator meets the following physical qualifications:
   a. Has the vision of at least 20/30 Snellen in one eye, and 20/50 in the other, with or without glasses
   b. Has adequate hearing, with or without hearing aid, for operating assigned crane.
   c. Sufficient strength, endurance, agility, coordination and reaction speed to meet demands of operating equipment.
2. **Safe Operation**
   a. Past operating employment references checked.
   b. Has read and is familiar with the Crane Operating Manual.
   c. Has moved crane into position and leveled crane.
   d. Demonstrated ability to properly extend and block outriggers.
   e. Ability and knowledge to operate maxi-brake, anti-two block, load moment indicator and other installed devices.
   f. Received copies of and understands ORC critical lift policy, skip box requirements, swing radius protection, and craning responsibilities.
   g. Knows clearance distances from power lines.
   h. Familiar with standard hand signals.
   i. Knowledgeable in various rigging configurations.
3. **Inspection and Maintenance**
   a. Received ORC Daily Checklist.
   b. Start-up crane, checking gauges and pressure.
   c. Has tested all controls for proper function.
   d. Familiar with ORC monthly inspection reports and OSHA annual inspection.
   e. Capable of inspecting load lines and other wire rope for damage.
4. **Load Charts and Crane Capacity**
   a. Has reviewed and understands load chart which is available to him while he is at the crane controls.
   b. Understands how capacities are impacted by:
      i. Cranes on barges
      ii. Outrigger extension
      iii. A firm, level ground
      iv. Jib installation
      v. Boom radius and length
      vii. High winds & storms

The Operator named below has completed the verification requirements checked above.

Verified by: _____ Date: _____
Superintendent

Operator's Signature: _____ Date: _____

Equipment Authorized to Operate: