

Qualification Request Form for Incidental Crane and Hoist Operator License

Operator's name: _____ Employee No: _____
(or Contract No.)

Job Title _____

Dept./Div.: _____ Ext. _____ L Code: _____

SUPERVISORS: By completing and signing this form, you are certifying that the operator

1. Is required to operate a crane or hoist as part of his/her job assignment.
2. Has completed course HS5690 (Incidental Crane Safety) on _____
Date
3. Has had on-the-job training for a period of _____ months operating a crane or hoist under supervision.

Note: The training period must be no more than 6 months upon completing course HS5690 or the operator will have to repeat the course.

4. Has been evaluated using the Safety Checklist in this appendix and is capable of operating a crane or hoist and making incidental lifts safely.

Supervisor: _____
(Print name) (Signature)

L-Code: _____ Date: _____

Forward the completed form to the Hazards Control Department, L-386, for approval. Make sure the checklist is attached.

Hazards Control Department Approval

_____ Date: _____