



INTERNATIONAL SIGN ASSOCIATION



Employer Evaluation Form - Mobile Crane Operator Qualification

Evaluator Printed Name:

Operator Printed Name:

Operator License Number & Expiration Date:

Operator Certification Number & Expiration Date:

Evaluation Date:

Re-evaluation Date:

Location:

Reason for Re-evaluation:

DISCLAIMER

This material is presented as a general reference only and not as a wholesale market endorsement. This material is intended to be used only as a guide and should not be used, adopted, or modified without the advice of independent legal counsel. This material is presented with the understanding that ISA is not engaged in rendering legal or any other professional service. If legal advice or other expert assistance is required, the services of independent counsel should be sought.

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Ensure that equipment is in safe, operable condition before starting the evaluation.

Manufacturer:

Load Charts Available & Legible? Y N

Crane Make:

Crane Model Number:

Crane Type:

Crawler? Y N Tires? Y N

Maximum Capacity:

Main Boom Length:

Radius:

Jib Stage 1:

Jib Stage 2:

Main Boom Type:

Telescoping? Y N

Current Annual Inspection? Y N

All Manufacturer Required Preventive Maintenance Inspections? Y N



Pre-Start Inspection

Engine Oil Level:	Y	N	
Coolant Level:	Y	N	
Hydraulic Fluid Level:	Y	N	
Battery Condition:	Y	N	
Fuel Level:	Y	N	
Fluid Leaks (oil, water, hydraulic):	Y	N	
Tire Condition and Pressure:	Y	N	NA
Tracks & Adjustment:	Y	N	NA
Wire Rope, Connections, Spooling:	Y	N	
Belts:	Y	N	
Air Cleaner Indicator / Dust Ejector:	Y	N	
Brakes: Parking / Swing:	Y	N	
House Swing Lock:	Y	N	
Transmission & Controls:	Y	N	
Emergency Engine Shutdown:	Y	N	
Warning & Information Decals Inspection:	Y	N	
Control Markings Legible:	Y	N	
Follow Operator Manual Procedures for Pre-Start Inspection:	Y	N	

Post-Start Inspection

Start Engine:	Y	N	
Gauges for Proper Operation:	Y	N	
Allow Engine & Hydraulic Oil to Warm to Operating Temperature:	Y	N	
Control Functions:	Y	N	
Anti-Two Block Activation:	Y	N	
LMI Programming:	Y	N	
Signal Horn / Back-Up Alarm:	Y	N	
Windshield Wipers & Defrost Fan:	Y	N	
Lights / Warning Beacons:	Y	N	
Brakes:	Y	N	
Steering:	Y	N	
Adjust Mirrors:	Y	N	
Extend Outrigger Beams & Level Machine:	Y	N	
Outrigger/Boom Interlock:	Y	N	NA

Familiarity w/ Safety Equipment & Software

Operator's Manual:	Y	N	
Load Charts:	Y	N	
Crane Hand Signal Chart:	Y	N	
Anti-Two Block:	Y	N	
Automatic Overload Prevention Device:	Y	N	NA
Outrigger Position Sensor/Monitor:	Y	N	NA
Counterweight Configuration:	Y	N	NA
Attachments:	Y	N	NA
Load Moment Indicator:	Y	N	NA
Load Weight Indicator:	Y	N	NA
Anemometer:	Y	N	NA

Return, Shut Down & Secure

Return All Controls to Neutral Position:	Y	N	
Retract/Stow/Secure Boom and Hook:	Y	N	
Retract/Stow Outriggers:	Y	N	
Set Parking Brakes:	Y	N	
Set Swing Brake:	Y	N	
Idle Engine For 5 Minutes Before Shutting Down:	Y	N	
Drain Air Tanks:	Y	N	NA

Hoisting Activities

Personnel Lift:	Y	N	
Proof Test/Trial Lift (B30.5 Units): Y/N/NA	Y	N	NA
Knowledge to Set Up/Configure Unit for A92.2 Aerial Operation (Dual-Rated Units):	Y	N	NA
Multiple Lift:	Y	N	
Critical Lift:	Y	N	
Demonstrate Knowledge to Plan/Perform Critical Lifts:	Y	N	
Blind Lift:	Y	N	
Crane, Load or Load Line Within 20' of a Power Line up to 350 kV:	Y	N	
Crane, Load or Load Line Within 50' of a Power Line >350 kV:	Y	N	

Personnel

Dedicated Spotter Assigned?	Y	N	NA
Qualified Signalperson Assigned?	Y	N	NA
Qualified Rigger Assigned?	Y	N	NA



Operations

Operator should be able to demonstrate ability to use rear wheel steering (if applicable) and should be rated on application, coordination and smoothness of throttle, brake and accuracy in steering. The operator also should be rated on boom retraction (if applicable), boom placed over the front of the machine, smoothness of swing or drift of block.

Retain this evaluation form with other employee training records until the employee leaves your employment. The initial evaluation and subsequent evaluation forms must be on file and available for inspection upon request by any regulatory body or by the employee or the employee's representative.

I have evaluated the operator with respect to the equipment that he/she will operate and have determined that he/she:

1. Has the skills and knowledge, as well as the ability to recognize and avert risk, necessary to operate the aforementioned equipment safely, including those specific to the safety devices, operational aids, software, and the size and configuration of the equipment. [29 CFR§1926.1427(f)(1)(i)]
2. Has the ability to perform the hoisting activities required for assigned work including blind lifts, personnel hoisting, and multi-crane lifts. [29 CFR§1926.1427(f)(1)(ii)]; and
3. Understands and can apply the equipment's load charts as well as the manufacturer's procedures.

Evaluator Printed Name:

Date:

Evaluator Signature: _____

Operator Printed Name:

Date:

Operator Signature: _____



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Evaluator

Please write any detailed comments or feedback requiring explanation: