

Operator Competence Verification – Demolition Sector

Date: _____ Member ID#: _____

Operator Name: _____

Operator Signature: _____

Employer: _____

- Note to Employer-** *this form is designed to determine/verify/acknowledge the competency/experience of the operator*
- Supply Expired Record of Training (R.O.T.)
 - **Minimum of 1000 hours of experience witnessed for the appropriate equipment;** Sign off as required
 - **Must be on YOUR COMPANY LETTERHEAD or attach Business card with Title of Signer**
 - Return **COMPLETED** form to: **Anna Pitasio - Email: a.pitasio@liuna506training.ca; FAX: 905-883-4894**
 - If approved, members/employers will be contacted once a date is determined
 - Insufficient competence hours mean members must take NEW OPERATOR training

Equipment Type	Competency Hrs of Operation	Attachments					Employer/ Supervisor Initials**
		Bucket	Grapple	Breaker	Shear	Forks	
Class 4/5 Counter-balance Forklift							
Class 7 Telescopic Handler							
Skid Steer Loader							
Mini Excavator							
Equipment Type	Competency Hrs of Operation	Big Bucket	Grapple	Pulverizer	Shear	Hammer	Employer/ Supervisor Initials**
Demolition Excavators:							
Over 30 tons							
Specialty (e.g., High-reach)							
Other: _____							

The undersigned acknowledges that the/she has witnessed the safe operation of the aforementioned equipment by the operator named above and has deemed the operator as competent.

**** Employer/Supervisor Name:** _____

Title: _____ **Signature:** _____

**** Authorization must be provided by a competent Supervisor – as defined by the Occupational Health and Safety Act – Section 1, Subsection 1**

