

## Operator Competence Verification – General Construction

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](mailto:a.pitasio@liuna506training.ca)**
- Once vetted, if approved, members will be contacted once a date is determined
- Insufficient competence hours mean members must take NEW OPERATOR training

Equipment (Type)	Competency (Hours of Operation)	Employer / Supervisor Initials **
Class 4/5 Counter Balance Forklift (w Propane Cylinder)		
Class 7 Telescopic Handler		
Skid Steer Loader		
Mini Excavator		

*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**

