



Appendix A

UND Aerial Platform or Scissor Lift Certification Form Specific Lift Familiarization Training

This form documents the OSHA-Required Aerial Platform or Scissor Lift training that is performed by an approved, competent person. Risk Management & Safety shall approve the trainer based on their experience with the particular lift or safety training experience. The training may also be performed by the lift manufacturer’s or vendor’s appointed representative or through a video provided by the manufacturer specific to the particular lift. Each operator shall be trained on each aerial platform or scissor lift. The Specific Lift Familiarization Training shall consist of a review of the following items:

- A. All safety placards and warnings
- B. All switches, drive mechanisms, adjustments, and controls (both lower & upper controls)
- C. The functional operation of the lift
- D. Using the outriggers or stabilizing equipment
- E. All gauges, horns, and lights
- F. Proper fueling and/or battery charging procedures
- G. Inspections and the inspection process

Mobile Elevated Work Platform (MEWP) Information:

Lift Manufacturer	Model	Serial Number

I certify that I have met with the trainee identified below and have reviewed the operations of the specific lift identified above and made myself available to answer any questions they may have had regarding the operation of this lift.

Trainer’s Name (print)	Trainer’s Signature	Date

I certify that I have met with the trainer identified above and that they have reviewed the operations of the specific MEWP identified above. I was allowed to ask questions that, if any, were answered to my satisfaction, and I now have the necessary understanding of the operations of this lift. I also certify that I have received general training on the safe operation of MEWPs through the Risk Management & Safety Department, which covers responsibilities, inspections, platform stability, precautions, safety considerations, standard operating procedures, and other related safety concepts. I have reviewed the operator’s manual for this lift and have been allowed to ask questions I may have had.

Trainee’s Name (print)	Trainee’s Signature	Date

Trainer’s Dept. or Company Name: _____