

AERIAL PLATFORM SAFETY TRAINING CERTIFICATE

Name _____

Date of Training/Evaluation _____

Title of Aerial Platform _____

This document verifies that the above listed has completed as required by *SafetyHead, Inc.* Aerial Platform training, including principles of safe operation, use of aerial platform being used in the workplace, hazards of the work created by the use of aerial platform, and the general safety requirements as set forth by OSHA, aerial platform manufacturers and *SafetyHead, Inc.*

Training check

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency stop | <input type="checkbox"/> Gauges and controls | <input type="checkbox"/> Safety equipment |
| <input type="checkbox"/> Tip-over hazard | <input type="checkbox"/> Fueling | <input type="checkbox"/> Site inspection |
| <input type="checkbox"/> Aerial platform electric | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Load effects |
| <input type="checkbox"/> Slopes | <input type="checkbox"/> Fall protection | <input type="checkbox"/> Maneuvering |
| <input type="checkbox"/> Visibility | <input type="checkbox"/> Stability | <input type="checkbox"/> Limitations |

SafetyHead, Inc.

Date _____

Instructor Name _____

