

SCISSOR LIFT CERTIFICATION

Date Field

OPERATOR NAME

OBSERVATIONS

DID A COMPLETE WALK THROUGH

- ☐ YES
- ☐ NO

USED THREE POINTS OF CONTACT ENTERING AND EXITING THE SCISSOR LIFT

- ☐ YES
- ☐ NO

USED PROPER PPE

- ☐ YES
- ☐ NO

DEMONSTRATED PROPER OPERATING SKILLS

- ☐ YES
- ☐ NO

MANEUVERS PROPERLY

- ☐ YES
- ☐ NO

POINTED OUT POSSIBLE HAZARDS

- ☐ YES

☐ NO

DEMONSTRATES EMERGENCY CONTROLS

☐ YES

☐ NO

HAS PROPER PAPERWORK FOR INSPECTION

☐ YES

☐ NO

HAS COMPLETED TRAINING AND UNDERSTANDS COMPANY
POLICY

☐ YES

☐ NO

**ACKNOWLEDGED BY HUGO
TREVINO / SAFETY DIRECTOR**