

This is a supplementary orientation to **Site Safety Orientation - All Workers** and must be completed by any worker who will be operating or supervising the operation of a crane in a workplace where Polygon Construction Management Ltd. is the prime contractor.

Name \_\_\_\_\_

Date \_\_\_\_\_

BC Crane Safety  
Credential Checker

Project \_\_\_\_\_

### Operator Certificate Details

BC Crane Safety ID Number YYYY-88888



Scope \_\_\_\_\_

Issued Date \_\_\_\_\_

Expires \_\_\_\_\_

Credential # \_\_\_\_\_

### Type of Crane(s) to be operated

- |   |  |
|---|--|
| <input type="checkbox"/> Tower            | <input type="checkbox"/> Boom Truck - Stiff Boom   |
| <input type="checkbox"/> Self-erect Tower | <input type="checkbox"/> Unlimited                 |
| <input type="checkbox"/> Mobile Crane     | <input type="checkbox"/> 40 t and under            |
| <input type="checkbox"/> Unlimited        | <input type="checkbox"/> 20 t and under            |
| <input type="checkbox"/> 80 t and under   | <input type="checkbox"/> Boom Truck - Folding Boom |
| <input type="checkbox"/> 20 t and under   | <input type="checkbox"/> Unlimited                 |
|   | <input type="checkbox"/> 22 t and under            |
|   | <input type="checkbox"/> 10 t and under            |

### Authorized to operate

Circle One

I am a Full Scope Operator and I have been instructed, trained, and demonstrated my ability to safely operate the specific equipment for this workplace.

Yes  No

### Qualified Supervisor

must complete the following Site Safety Orientations: [All Workers], [Supervisor], and [Crane Operator]  
I am qualified to supervise this operator in the safe use of the equipment they will be operating in this workplace.

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

### Site Specific Hazards and Considerations

- Ground Conditions and Setup location
- \_\_\_\_\_
- \_\_\_\_\_

This worker has completed the necessary steps and is authorized to operate

Date: \_\_\_\_\_ Supervisor Initials

Yes	No	Applicable Items	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control Plan	
<input type="checkbox"/>	<input type="checkbox"/>	Overhead Energized Lines	
<input type="checkbox"/>	<input type="checkbox"/>	Overlapping operating zones	
<input type="checkbox"/>	<input type="checkbox"/>	Trees, street lights, impediments	
<input type="checkbox"/>	<input type="checkbox"/>	Swing Radius / Exclusion Zone	
<input type="checkbox"/>	<input type="checkbox"/>	Critical Lifts (DEP)	

I have been reminded of my Duties and Obligations under the Workers Compensation Act and OHS Regulation as they pertain to the operation of a crane at this workplace, including the following;

- ensuring that the crane is inspected and that the control & safety devices are tested for each work shift in the manner specified by the manufacturer, applicable Standards, and the OHS Regulation
- reporting immediately any defects found and not using the crane if the defect might affect the safe operation
- maintaining full control of the equipment controls whenever hoisting and not engaging in other duties while operating the equipment

OHS Regulations  
Cranes and Hoists



Crane Operator Signature: \_\_\_\_\_

Site Safety Signature: \_\_\_\_\_