

## Operator Competence Verification - Demolition

OPERATOR NAME: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

**Note to Employer-** this certification program is designed to acknowledge the competency of the operator:

- Please supply Expired Record of Training (R.O.T.)
- Please indicate hours of experience for the appropriate equipment; Sign off is required
- Print this document on YOUR COMPANY LETTERHEAD and return via:

FAX: 905-883-4894 Attn: Anna Pitasio; EMAIL: [apitasio@506tc.org](mailto:apitasio@506tc.org)

Equipment Type	Competency Hrs of Operation	Attachments					Employer/ Supervisor Initials**
		Bucket	Grapple	Breaker	Shear	Forks	
Class 4/5 Counter-balance Forklift							
Class 7 Forklift							
Class 7 Telescopic Handler							
Skid Steer Loader							
Mini Excavator							
Equipment Type	Competency Hrs of Operation	Big Bucket	Grapple	Pulverizer	Shear	Hammer	Employer/ Supervisor Initials**
<u>Demolition Excavators:</u>							
Under 20 tons							
Under 30 tons							
Over 30 tons							
Specialty (e.g., High-reach)							
Backhoe (rubber-tired)							
Front-end Loaders/Dozers:							

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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 (Print)

\*\* \_\_\_\_\_

Employer/Supervisor (Signature)

**\*\* Authorization must be provided by a competent Supervisor – as defined by the Occupational Health and Safety Act – Section 1, Subsection 1**

