

**TOWER CRANE OPERATOR
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant’s Direct Supervisor:	Supervisor Position or Title:
Supervisor’s Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking “Yes” or “No” in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section	Declaration Response
USE COMMON OCCUPATIONAL SKILLS	
Comply with regulations, policies, and manufacturers’ manuals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintain a safe working environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow emergency procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be aware of energized systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice effective worksite communications	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERFORM CRANE INSPECTION AND MAINTENANCE	
Inspect structural components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect mechanical components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect electrical components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect support components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect track (rail) travel components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect cab components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect access components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect safety components, devices, and aids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect, maintain, and use crane wire rope	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use tools for basic crane maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform basic crane maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section	Declaration Response
USE RIGGING	
Identify types of slings and rigging hardware	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect slings and rigging hardware	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintain and store slings and rigging hardware	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform rigging	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERFORM COMMON CRANE OPERATIONS	
Interpret operating manuals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational setup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform operations and hoisting techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitor conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secure a crane	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Tasks D2 – must check “Yes” to a minimum of 3 of 5 job tasks in this section	Declaration Response
LIFT PLANNING – GENERAL	
Determine load weights	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIFT PLANNING – HAMMERHEAD TOWER CRANE	
Conduct a site assessment for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use a crane capacity chart for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIFT PLANNING – LUFFING TOWER CRANE	
Conduct a site assessment for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use a crane capacity chart for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Tasks D3 – must check “Yes” to a minimum of 6 of 12 job tasks in this section	Declaration Response
HAMMERHEAD TOWER CRANE OPERATIONS	
Interpret operating manuals for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational inspection for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational setup for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform hoisting techniques for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave a hammerhead tower crane unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Job Tasks D3 – must check “Yes” to a minimum of 6 of 12 job tasks in this section	Declaration Response
LUFFING TOWER CRANE OPERATIONS	
Interpret operating manuals for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational inspection for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational setup for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform hoisting techniques for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave a luffing tower crane unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Tasks D4 – must check “Yes” to a minimum of 2 of 7 job tasks in this section	Declaration Response
USE SPECIALIZED OPERATIONS	
Operate with a suspended work platform	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform engineered lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform multiple crane lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
CLIMBING, RECONFIGURING, AND TRANSPORTING CRANES	
Follow assembly and raising procedures for a bottom climbing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow assembly and raising procedures for a top climbing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow crane reconfiguration procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow assembly, disassembly, and transport procedures for a self-erect tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name: