

To:

Instant Norge AS

E-mail:

info@instantkurs.no

Date: ____ / ____ - 20____

Confirmation of practical training in the use of personnel lifts

Information about the course user:

The undersigned hereby confirms that _____ born _____ has completed practical training in the use of personnel lifts in the following classification(s):

- | | | |
|-----------|------------------------|--------------------------|
| Class A1: | Mast lifts | <input type="checkbox"/> |
| Class A2: | Vertical-/scissor lift | <input type="checkbox"/> |
| Class A3: | Trailer mounted lifts | <input type="checkbox"/> |
| Class B: | Self-propelled lifts | <input type="checkbox"/> |
| Class C: | Truck mounted lifts | <input type="checkbox"/> |

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Information about the person signing the confirmation (competent person):

Name: _____

Company: _____

Position: _____

Phone: _____

E-mail: _____

Signature: _____



Checklist: practical training personnel lift

Action	Completed?
Check the ground	
Ensure that the user manual is available, and familiarize yourself with it	
Check the validity period of the expert control	
Execute the "daily inspection" of the lift	
Use the outriggers	
Put outrigger pads beneath the outriggers	
Check the stability of the lift	
Start the lift	
Run through all functions of the lift from ground level	
Open and close the gate	
Drive forwards and backwards	
Turn the lift around (if applicable)	
Use the extension (if applicable)	
Brake/stop the lift	
Use the emergency stop function	
Use the emergency lowering function	
Park and turn off the lift	
Use safety equipment when operating the lift	
Operate the lift with acceptable load: have a correct load distribution	
Familiarize yourself with the lift's warning signals	
Load the battery in accordance with the user manual (if applicable)	