UC San Diego

VEHICLE MOUNTED LIFT GATE TRAINING CHECKLIST FOR SUPERVISORS

Employee Name: _____ **Supervisor Name:** _____ **Date:** _____

Truck Number: _____ **Lift Gate Model #:** _____

1. ☐ Employee acknowledges receipt of hands on training for vehicle mounted lift gates including basic equipment overview, equipment safety orientation and operational function.
2. ☐ **Lift Gate Safety training** can be found at **https://go.ucsd.edu/2FLoqwk.** Employee acknowledges receipt of this safety equipment overview and orientation.
3. ☐ Employee acknowledges they have reviewed the owner/operations manual for the specific equipment being utilized and are aware of the location of the manual for future reference.
4. ☐ Employee acknowledges receipt of ergonomic materials handling and back safety training relevant to assigned job tasks. As reference points for demonstrated training and information, see UCLC course Maintaining A Healthy Back and UC San Diego Blink pages: Maintaining A Healthy Back, How To Safely Lift And Carry, and Ergonomic Stretches.
5. ☐ Employee acknowledges receipt of training and use of furniture dollies, pallet jacks and other mechanical lifting devices utilized as a part of vehicle lift gate operations.
6. ☐ Employee acknowledges instruction on safe positioning, anchoring and stabilization of equipment to be loaded onto vehicles when utilizing the lift gate prior to operation.
7. ☐ Employee acknowledges and demonstrates to Supervision the understanding, skills and aptitude in utilizing vehicle mounted lift gates and associated equipment used as part of the overall lift gate and moving operation.
8. ☐ Employee acknowledges their responsibility to immediately report any operational deficiencies or safety related concerns related to the equipment to Management/Supervision.

MANAGEMENT/SUPERVISION

_____ _____ _____

Name **Email** **Phone**

_____ provided Vehicle Lift Gate Training to _____ on _____ .

Supervisor Name Employee Name Date

_____ _____ _____

Employee Signature **Supervisor Signature** **Date:**

PLEASE RETAIN THIS DOCUMENT. YOUR DEPARTMENT MUST KEEP RECORD OF THIS FOR 5 YEARS. YOU DO NOT NEED TO SUMBIT THIS TO EH&S

For more information or questions contact General Safety at gensafety@ucsd.edu