

# Lift Director Qualified Person Evaluation

This checklist was developed to assist the employer and or Site Supervisor in determining if the person they have designated as a **Qualified Person (QP)** meets the requirements within the description and intent of the **WAC 296-155 Part L with emphasis on WAC 296-155-53401, 53408.**

Employee's name	How many years of experience in crane /rigging operations	Length of time with employer
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Title and Job duties:

I. Training and Knowledge	Yes	No
<b>Does the designated QP have training and knowledge in:</b>		
1. Duties of Assigned Personnel of WAC 296-155-53401	<input type="checkbox"/>	<input type="checkbox"/>
2. Powerline Safety WAC 296-53408?	<input type="checkbox"/>	<input type="checkbox"/>
3. All applicable requirements including definitions in, Chapters 296-155 part L Cranes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Rigging and Signaling and hold a current Rigger/Signalman card?	<input type="checkbox"/>	<input type="checkbox"/>

II. Authority	Yes	No
<b>Does the designated QP have the authority to:</b>		
1. Take prompt corrective measures to eliminate existing and predictable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Stop work and remove employees when hazards are identified until proper systems and repairs are in place?	<input type="checkbox"/>	<input type="checkbox"/>
3. Attend and/or call for meetings for related crane safety?	<input type="checkbox"/>	<input type="checkbox"/>

III. Inspections	Yes	No
<b>Does the designated QP conduct/verify applicable inspections:</b>		
1. Of the Rigging daily for Safety prior to use by employees?	<input type="checkbox"/>	<input type="checkbox"/>
2. To ensure all workers on the site have training on proper use and hazard recognition?	<input type="checkbox"/>	<input type="checkbox"/>
3. To verify Operator has inspected the crane as directed by the Manufacturer and WAC 296-155-53405 Inspections?	<input type="checkbox"/>	<input type="checkbox"/>

IV. Comments (Site Supervisor)	Yes	No
<b>Do you consider the individual to be Qualified within the applicable requirements of Chapter 296-155 Part L?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Not, Why?</b>		

Employer Signature:	Print:	Date:
Site Supervisor Signature:	Print:	Date: