

SELF-ASSESSMENT GUIDE

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|---|---|--------------------------|--|
| Qualification: | HEAVY EQUIPMENT OPERATION NC II (TRUCK - MOUNTED CRANE) | | |
| Units of Competency Covered: | <ul style="list-style-type: none"> • Perform pre- and post operation procedures for lifting equipment • Perform basic preventive maintenance servicing for lifting equipment • Perform productive operation for Truck - Mounted Crane | | |
| Instruction: | | | |
| <ul style="list-style-type: none"> • Read each of the questions in the left-hand column of the chart. • Place a check in the appropriate box opposite each question to indicate your answers. | | | |
| Can I? | YES | NO | |
| • Perform visual check of equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform “B L O W A F” checks | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform operation checks | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Travel truck - mounted crane | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Set-up truck - mounted crane | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Interpret load chart | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform lifting and transferring the load | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform post-operation procedures | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform adjustment / replacement | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Perform basic preventive maintenance servicing | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Prepare equipment report | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.</p> | | | |
| Candidate's signature: | | Date: | |