

Foreman/Supervisor's Signature: \_

## Tailgate/Toolbox Safety Training Safety Services Company-Safety Meeting Division, PO Box 6408 Yuma, AZ 85366-6408 Toll Free (866) 204-4786



Company Name:	Job Site Location:	
Date: Start Time:	Finish Time: Foreman/Supervisor:	
	opic 20: Aerial Devices and Cranes	1
placement of significant loads to significant he machinery which requires a high degree of known a strict maintenance program, since failure of a maintenance personnel should be comprehensi. The information listed below applies to truck. General Crane and Aerial Device safety and derricks. If specifications are not a Attachments used with cranes must not not not not not not not not not no	infacturer's specifications and limitations applicable to operation of all cranes available, limitations must be based on determination of a qualified engineer. In the case of the case o	ese ions.
Paragonal Cafaty Violations		
Personnel Safety Violations:  Employee Signatures:		
	(My signature attests and verifies my understanding of and agreement to comply with, all company so and regulations, and that I have not suffered, experienced, or sustained any recent job-related inju	ry or illness.)
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