Mobile Elevated Work Platform Operator Training Familiarization Log

Operator (person being familiarized): _____

Organization: _____ Date of General Training: _____

Person Providing Familiarization	Company	Product Model	Date	Operator's Previous Training Verified
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐