



HEAVY EQUIPMENT OPERATOR

DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

Apprentice ITA Individual ID #:	Date of Birth (MM/DD/YY):	Phone Number:
Apprentice Legal First Name:	Legal Middle Name:	Legal Last Name:

ARTICULATED HAUL TRUCK OPERATOR SKILLS

Job Tasks ARTICULATED HAUL TRUCK OPERATOR SKILLS	Declaration Response
TIME REQUIRED / HOURS REPORT 1. The hours needed for a certificate of qualification endorsement for the Articulated Haul Truck is 200 hours. Please record the work-based training hours for the above noted Apprentice for the period of: Employment Start Date: _____ End Date: _____	Hours _____
WORK SAFELY 1. Compliance with all regulatory requirements and established safe practices – some key examples include: <ul style="list-style-type: none"> – PPE – 3 point contact – lockouts – safe parking 2. Skills in the identification of key hazards and use of strategies to work safely – examples: <ul style="list-style-type: none"> – stability of soils, edges, excavations (if any) – stability of machine – awareness of position, clearance, safe movement, other machinery/vehicles/workers 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
START-UP AND SHUT DOWN EQUIPMENT 1. Comprehensive pre operational checks including at a minimum: <ul style="list-style-type: none"> – general walk around – all fluid levels – visual check for loose hardware, cracks, damaged components, leaks, tires – proper operation of all systems: hoist and other operator controls, monitoring, lighting, lockouts, brakes and other safety devices/equipment – refer to checklists to confirm thoroughness 2. Startup procedures: <ul style="list-style-type: none"> – confirm monitoring system operation – warm up engine, then hydraulics and drive system 3. Shutdown procedures: <ul style="list-style-type: none"> – position that's safe, level, accessible – cool down – basic visual inspection – maintenance as required (see below) – secured 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAIN AND MONITOR EQUIPMENT 1. Maintenance procedures <ul style="list-style-type: none"> – greasing – tire pressure – air: pre cleaner, dust unloading valve, re & re filter – fuel: tank sump, water separator, re & re filter, bleed air – top up all fluids – batteries: corrosion, fluid 2. Monitoring <ul style="list-style-type: none"> – 'noticing' gauges, monitoring systems – 'noticing' leaks, unusual noises and vibrations, loose hardware, cracks – responding appropriately: report, continue to monitor, or immediate shutdown 	Yes: <input type="checkbox"/> No: <input type="checkbox"/>



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APPLY OPERATING FUNDAMENTALS 1. Proficient control of drive system, appropriate gear and speed, smooth changes of direction and gear 2. No tire spinning 3. Match gear selection to grade 4. Appropriate speed for grade, 'roughness', safe control 5. Appropriate positioning for loading / unloading 6. Proficient steering, turning around, awareness of clearance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM JOB SPECIFIC TASKS – HAUL AND DUMP MATERIALS 1. Communication (hand and audible signals) and co-ordination with other operators and jobsite personnel 2. Using appropriate traffic patterns, pullouts, turn around areas 3. Appropriate positioning for loading / unloading 4. Ability to space, spread, or pile loads tight without spotter 5. Proficient control for safe and efficient hauling (see fundamentals above) 6. Adequate productivity (time)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name of Apprentice's Supervisor (printed): _____ Signature: _____	

Employer/Sponsor Declaration:

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision / direction of a certified tradesperson or equivalent"

Sponsor Organization Name:	Name of Authorized Sponsor Representative: (please print)
Sponsor Organization ID #:	Signature of Authorized Sponsor Representative:
Phone #:	