

ACTIVITY SUPERVISOR QUALIFICATION

Rev 01 Effective 2026-09-01 CURRENT VERSION Completed in field

14.73.2. This particular crane. This activity.

WORKER INFORMATION

WORKER NAME

-

EMPLOYEE ID

-

POSITION

-

SUPERVISOR

-

PROJECT INFORMATION

PROJECT

-

CLIENT

-

SITE

-

ADDRESS

-

DATE

-

TIME

-

CRANE

CRANE MANUFACTURER

-

MODEL

-

UNIT NUMBER

-

CAPACITY

-

CONFIGURATION

-

BOOM LENGTH

-

RADIUS

-

LOAD CHART REFERENCE

-

INSPECTION

INSPECTED BY

-

TIME

-

ITEM	PASS	FAIL	N/A	COMMENTS
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Qualified for this particular crane				
Directing this activity - not remote				
Qualifications on the NOP-TC				
Lead hand named if used				

COMMENTS

COMMENTS

-

SIGNATURE

PRINTED NAME

-

ROLE

-

DATE

-

PRINTED NAME

-

DATE

-