

LIFT & ESCALATOR MACHINE ROOM AWARENESS COURSE

DECLARATION OF COMPETENCE FORM

Lift & Escalator Machine Room Awareness Lift and Escalator Engineering Level training course

The following information is to be completed by the **employing manager** prior to sending a delegate on an L&E Machine Room Awareness course – Lift and Escalator Engineering Level. This form acts as both the nomination form and the contractor's declaration of an individual's competence to safely work in a lift and escalator environment.

This form must be completed and submitted to the trainer by the delegate during course registration, therefore please complete this form **prior** to the course starting. Failure to do so will result in the delegate being turned away.

Part 1a: Mandatory areas of competence – The course delegate **must be competent** to work in all the following areas:

Lift Machine Room, in the Lift pit (Traction Lifts) and on top of the Lift Car using Car top Controls; and Escalator Machine Room, the Escalator Shaft and undertaking Inching before they will be allowed to attend the course.

By signing the form below you are confirming that the delegate is competent to do so.

Part 1b: Hydraulic lift competence – If the delegate **is already competent** and requires the relevant pass endorsement to allow them to work in a hydraulic lift pit and conduct propping please also tick here (note this endorsement is not mandatory to course attendance).

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Part 2: Delegate details

Name of Delegate:	
Employee Number (if applicable):	
Employer:	
Employer Address:	

Part 3: Declaration of competence:

I, the manager of the above named individual nominated on this form to attend this course, is known to me to be competent to work on lift and escalator equipment, in and around the machine room areas and to conduct the activities specified above. As such I declare that the named individual is experienced and able to work safely in a lift and escalator environment including but not limited to lift or escalator machine rooms.

Full Name of Employing Manager:	
Employing Manager Signature:	
Telephone Number:	
Date:	