



MSA Tool Box Talk for Powered Mobile Equipment

PME Hazard Assessment

As described in Part XI of the *Occupational Health and Safety (OHS) Regulations, 1996*, powered mobile equipment (PME), "is any self-propelled machine or a combination of machines that is designed to manipulate or move materials, or to provide a work platform for workers".

PME Site Evaluation

Owners and operators have responsibilities for the safety of workers and the general public. To ensure that no accidents occur operators should perform a site evaluation. A proper site evaluation should consider the following: route, clearance, ground conditions, workers, structures, power lines, other services and other equipment.

Who Can Operate PME?

Only individuals who are **deemed competent by the employer** are allowed to operate PME. Every piece of equipment is different and requires a different set of skills. Therefore, being deemed competent on one type of PME does not permit an operator to use all types of PME. The Saskatchewan Employment Act (Table 14.1) defines what training a PME operator *should* have. This includes understanding of:

- Proper Operation of PME
- Risk Assessment and Visual Inspection
- Protection of Workers
- Duties of Employers and Operators

There is no formal licensing system in Saskatchewan for PME operators. It is the responsibility of the employer to ensure the operator is competent and possesses the minimum requirements listed in Table 14.1. Further information on PME can be found in Part XI of the **OHS Regulations**.

PME CHECKLIST SAMPLE

Item	O.K.	Requires Action	Comments
Brakes			
Steering			
Tires			
Air Tanks			
Fluid Levels			
Engine Belts			
Suspension (Front & Back)			
Hoist Rams			
Main Frame			
Body Dump			
Lights			
Glass			
Handrails			
Ladders			
Seat Belts			
Fire Extinguishers			
Back Up Alarm			

Toolbox Attendance

Questions? _____

Concerns? _____

Days since Last Incident: _____

Supervisor/Meeting Leader: _____ Date: _____

Signatures of attendees:

Manager review comments:

Manager signature: _____ Date of Review: _____