

Hours Worked Around Powerlines Verification Form

Date	Location & #	Aerial Hrs*	Ground Hrs	Name of UTT/UTW*	PVMA Cert#	Signature of UTT/UTW*	Involved Utility
TOTAL HOURS							

Name of Employee _____ Full signature of certified supervisor is MANDATORY for **each** entry.

*Aerial hours MUST be signed by a valid certified **UTT or equivalent**.