

Powered Industrial Truck Operator Evaluation

NAME OF OPERATOR: _____ DATE: _____

NAME OF EVALUATOR: _____ DEPARTMENT: _____

FORK TRUCK MAKE & MODEL: _____

Each Fork Truck Operator is required to be evaluated by a competent person prior to their initial use of the truck and once every three years thereafter. If the evaluator believes that the operator's skills are inadequate, additional training may be required. This evaluation is valid only for the fork truck listed above.

YES	NO	N/A	Pre-operation of the Fork Truck
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator complete a pre-use inspection of the Fork Truck?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator conduct a visual inspection of the work area?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator conduct a visual inspection of the load?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator adjust the forks to the proper distance for the load?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator determine the weight of the load prior to the lift?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator inspect the floor of the trailer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the trailer brakes locked and wheels chocked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator inspect the dock boards / bridge plates?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator use the seat belt?

YES	NO	N/A	Operation of the Fork Truck
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator show familiarity with the Fork Truck controls?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator approach the load a safe rate of speed?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator strike anything as he/she attempted to position the forks under the load?
<input type="checkbox"/>	<input type="checkbox"/>		Are the forks under the entire load?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the load properly balanced?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator raise and tilt the load properly?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator lower the load to 6" from the ground prior to traveling?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator travel with the load at a safe rate of speed, under control, and within the designated aisle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator travel in reverse when his/her vision was obstructed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator yield to pedestrians?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator slow down and use the horn at intersections?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator properly turn the corner(s) and was aware of the rear end swing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator drive up and down the ramp or other incline properly?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator look behind when backing up?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator stop the Fork Truck in a smooth manner?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator lower the load and place it in the proper location?

YES	NO	N/A	Post-operation of the Fork Truck
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator come to a complete stop before turning off the Fork Truck?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator place the forks flat on the floor when parking?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator place the controls in neutral when parking the Fork Truck?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator set the parking brake when parking the Fork Truck?
<input type="checkbox"/>	<input type="checkbox"/>		Did the operator turn off the power when parking the Fork Truck?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the operator close the valve of the propane cylinder?

Operator's Signature: _____ Evaluator's Signature: _____ Date: _____

Please return completed form to Shayna Boyles, Environmental Health and Safety, PO Box 6551 or fax 293-7257