

FORKLIFT OPERATOR EVALUATION

OPERATOR'S NAME: _____ DATE: _____

LOCATION: _____ PREVIOUS TRAINING DATE: _____

EVALUATOR/TRAINER'S NAME: _____

Check "S" if Satisfactory, "US" if Unsatisfactory

INSPECTION ITEM	S	US	COMMENTS
I. PRE-OPERATIONAL INSPECTION			
a. Forklift Checklist			
b. Current forklift driver's certification			
II. PICKING UP LOAD			
a. Load distribution			
b. Load stability			
c. Tine positioning			
d. Penetration into pallet			
e. Tilt/lift			
f. Stopped forklift before load raised/lowered			
g. Lowered to safe travel height before moving			
h. Overhead obstruction check			
i. Back out slowly/look behind			
III. TRAVELING WITH LOAD			
a. Look in direction of travel			
b. Legs/arms inside running lines			
c. Sound horn at intersections/pedestrians			
d. Reasonable speed			
e. Changing directions-stop			
f. Look before backing			
g. Riders			
h. Ramps and incline driving/seatbelts			
i. Braking			
j. Lift and lower load when traveling			
k. Distance between forklift vehicles			
l. Distance of tines from floor			
m. Mount/dismount			
n. Double loads/awkward loads			
IV. LOAD MANIPULATION, STACKING, UNSTACKING			
a. Forklift centered			
b. Speed of lift			
c. Forward movement			
d. Positioning load on rack			
e. Back off slow/check for pedestrians			
f. Fork clear pallet before up/down			
V. TRUCK LOADING/UNLOADING			
a. Chocked/Jack stand			
b. Brakes set			
c. Dockboard/bridgeplates			
d. Horn sounded			
VI. SAFETY PLATFORM USE			
a. Secured			
b. Horizontal travel			
c. Passenger control			
d. Pedestrian travel			
VII. BATTERY CHARGING			
a. PPE (Safety Glasses, Gloves)			
b. Charger hook-up			

I certify that the above information is correct and accurate.

EVALUATOR/TRAINER'S SIGNATURE: _____ DATE: _____