

Appendix B

Operator Training Certification

PERFORMANCE TEST FOR FORKLIFT OPERATORS

Employee Name _____ Date _____

Forklift Model: _____

1. Y__ N__ Properly filled out the pre-use checklist.
2. Y__ N__ Can point out where safety equipment is located: fire extinguisher, seat belt, safety cage.
3. Y__ N__ Wears seat belt at all times while operating. Not required for stand-up trucks.
4. Y__ N__ Showed familiarity with truck controls.
5. Y__ N__ Demonstrates how to properly change a propane tank (if applicable).
6. Y__ N__ Gave proper signals when turning.
7. Y__ N__ Sounded horn at intersections.
8. Y__ N__ Kept a clear view of direction of travel.
9. Y__ N__ Turned corners correctly – was aware of rear end swing.
10. Y__ N__ Drove under control and within proper traffic aisles.
11. Y__ N__ Approached load properly.
12. Y__ N__ Lifted and balanced the load properly.
13. Y__ N__ Maneuvered properly.
14. Y__ N__ Traveled with load at proper height.
15. Y__ N__ Lowered load smoothly/slowly.
16. Y__ N__ Stopped smoothly/completely.
17. Y__ N__ Carried load back against the backrest.
18. Y__ N__ Carried parts/stock in approved containers.
19. Y__ N__ Checked bridge plates/ramps.
20. Y__ N__ Placed loads within marked area.
21. Y__ N__ Stacked loads evenly and neatly.
22. Y__ N__ Drove in reverse when required.
23. Y__ N__ When required, determined weight of load.
24. Y__ N__ Yielded to pedestrians at all times, and provided them the right of way.
25. Y__ N__ When parking, placed forks flat on floor, neutralized controls, set brake, shut power off.

Pass Yes ____ No ____

This employee was observed performing the above tasks in a satisfactory manner.

He/she has passed both the ICON course and driving skills tests and is now certified to operate above named forklift model in this facility.

Trainer Name (Print) _____

Date: _____