

Forklift Operator Practical Evaluation

Equipment Operator must demonstrate safe operation without any abrupt movements or unsafe acts

— DRAFT —

Certification

Operator Name: _____ Above evaluation was conducted according to _____

OSHA 29 CFR 1910.178 requirements.

Date: _____

Evaluator: _____

Evaluator Signature: _____ Date: _____

Equipment Type: _____

Practical Skills Assessment

Check YES or NO for each item. All items must be YES for operator to pass.

- | | | |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Pre-Operation Inspection: Conducted thorough inspection including fluid levels, tires, forks, mast, and safety devices |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Mounting/Dismounting: Used three-point contact and faced equipment when getting on/off |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Seatbelt Usage: Properly fastened seatbelt before operating |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Load Handling: Approached load squarely, tilted mast back, and kept load low during travel |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Travel Speed: Maintained safe speed (5 mph or less in work areas) and slowed at corners |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Horn Usage: Sounded horn at intersections, blind spots, and when pedestrians present |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Pedestrian Awareness: Maintained safe distance and yielded right-of-way to pedestrians |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Ramp/Incline Operation: Traveled with load uphill and demonstrated proper grade technique |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Parking Procedure: Lowered forks, applied parking brake, turned off equipment, removed key |

