

Form Version: v2.4 Generated: 6/25/2025

## **Supervisor Evaluation Form**

Complete the OSHA-required practical evaluation for forklift operators

## **Step 1: Operator & Equipment Information**

| Operator Name                              |   |  |  |  |  |
|--|---|--|--|--|--|
|  |   |  |  |  |  |
| Equipment Type *                           |   |  |  |  |  |
|  |   |  |  |  |  |
| Sit-Down Forklift  Counterbalance forklift | Stand-Up Forklift Stand-up counterbalance |  |  |  |  |
| □  |   |  |  |  |  |
| Reach Truck Pantograph reach               | Order Picker  Vertical order selector     |  |  |  |  |
|  |   |  |  |  |  |
| Pallet Truck  Motorized pallet jack        |   |  |  |  |  |

Specific Model or Asset Number

e.g., Toyota 8FGCU25, Crown PE4500, Asset #12345

Course Completed

Forklift Operator Safety Training

## **Step 2: Skill Assessment Checklist**

Evaluate each skill based on OSHA 29 CFR 1910.178 requirements:

| Fluid levels, tires, forks, mast, devices |                              |
|---|------------------------------|
|   |                              |
| Seatbelt usage                            |                              |
| Mount / Dismount (3-point)                |                              |
|   |                              |
| Load handling & tilt back                 |                              |
| Travel speed ≤ 5 mph                      | ☐ ✓ Pass ☐ ▲ Retrain         |
|   |                              |
| Horn at intersections                     |                              |
| Pedestrian awareness                      |                              |
| reuestriali awareness                     | ∨ rass <del>- Retidili</del> |
| Ramp parking technique                    |                              |
|   |                              |
| Parking procedure                         |                              |
|   |                              |

|   | Overall smooth control    |  | ☐ ✓ Pass ☐ ⚠ Retrain |
|---|---------------------------|--|----------------------|
|   |                           |  |                      |
| Ste   | ep 3: Evaluator Signature |  |                      |
| <b>OSHA Compliance:</b> This evaluation certifies completion per OSHA 29 CFR 1910.178(m) requirements for powered industrial truck operator assessment. |                           |  |                      |
|   |                           |  |                      |
| E   | valuator Signature        |  | Operator Signature   |
| L   | Date:                     |  | Date:                |
| Evaluator Email Address   |                           |  |                      |
| SI  | upervisor@company.com     |  |                      |
|   |                           |  |                      |

Flat Earth Equipment • Forklift Operator Safety Training
This form must be completed for each operator and retained per OSHA requirements
Visit flatearthequipment.com/safety for digital evaluations and training