

# Flat Earth Equipment – Forklift Operator Practical Evaluation 29 CFR 1910.178

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**Operator Name / ID**

**Date**

**Evaluator Name / Title**

**Equipment Type / ID**

*Mark "Yes" only when the operator demonstrates each action safely and unaided.*

Fluid levels, tires, forks, mast, devices

Mount / Dismount (3-point)

Seatbelt usage

Load handling & tilt back

Travel speed  $\leq$  5 mph

Horn at intersections

Pedestrian awareness

Ramp parking technique

Parking procedure

Overall smooth control

I certify that the above practical skills were evaluated in accordance with 29 CFR 1910.178(m). Any "No" requires remediation and retest.

*This PDF is fill-able; tap boxes or fields on any phone or desktop.*

Evaluator signature

Date

**Additional Comments / Corrective Actions**

