

WASHINGTON STATE UNIVERSITY
FORKLIFT OPERATOR TRAINING AND EVALUATION FORM

General Instructions

Complete this form to document WSU provided forklift operator training and evaluation.

Section I

Operator's Name: _____ Trainer's Name: _____

Department/Unit: _____ Forklift Type: _____

Section II: Formal Instruction

Enter the date the operator successfully completed the initial forklift operator instruction.

Date Completed: _____

Section III: Practical Training and Evaluation

Check the type of training/evaluation completed.

- Initial training and evaluation
- Third year evaluation

***NOTE:** Refresher training is required if any of the following occur:

- An evaluation shows the operator is not operating the forklift in a safe manner
- The operator is involved in an accident or near-miss incident
- The operator is seen operating the forklift in an unsafe manner
- The operator is assigned to drive a different type or modified forklift
- Conditions in the workplace change that could affect safe operations of the forklift

- Refresher training*

Refresher training is required only for training topics in which the operator is found to be deficient.

Section IV: Practical Training and Evaluation Topics

The operator must demonstrate competency for each of the following training topics to successfully complete the training/evaluation

Pre-use Visual Checks

- | | | |
|---|------------------------------|-----------------------------|
| Controls (in safe positions) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluid levels /leaks (engine or battery); damage to LPG cylinder, valves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Forks, carriage, mast, chains, sprockets, hoses and overhead guard | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wheels and tires | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety decals, capacity plate, guards, covers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety devices (seat belt/harness) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Pre-use Operational Checks

- | | | |
|--|------------------------------|-----------------------------|
| Instruments (readings normal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lights and horns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lifting/lowering system (forks up/down, side | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Direction and speed controls (steering, speed control, brakes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Basic Operating Procedures

- | | | |
|--|------------------------------|-----------------------------|
| Operate the controls competently and smoothly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel with load/forks at a safe height | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travels at safe speeds in all conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Keep clear view of path of travel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintain awareness of all clearances (overhead, side and rear) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintain control at all times | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Check rear clearances before moving | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Start all turns in proper position | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Checks load before lifting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Avoids bumping or pushing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Places and pulls out of load correctly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Park correctly and safely | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

General Safety

- | | | |
|---|------------------------------|-----------------------------|
| Sound horn when necessary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Yield to pedestrians | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Keep body inside operating compartment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use all safety devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Competently refuel or recharge forklift | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Operator successfully completed forklift operator training. **Yes** **No**

Operator Signature: _____ Date: _____

Instructor Signature: _____ Date: _____