**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**

Complete all fields.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operator’s Name: |  |  | Trainer’s Name: |  |
| Department/Unit: |  |  | Forklift Type: |  |

**Section II: Formal Instruction**

Enter the date the operator successfully completed the Washington State Department of Labor and Industries forklift safety course either on-line or via a classroom training session.

|  |  |
| --- | --- |
| Initial formal forklift operator instruction was completed on: |  |

**Section III: Practical Training and Evaluation**

Check the type of training/evaluation completed.

* Initial training and evaluation
* Third year evaluation
* Refresher training\*

\*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 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

*Visual Checks*

Did the operator visually check:

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

*Operational Checks*

Did the operator check the operation of:

|  |  |  |
| --- | --- | --- |
| Instruments (readings normal) | * Yes | * No |
| Lights and horns | * Yes | * No |
| Lifting/lowering system (forks up/down, side | * Yes | * No |
| Direction and speed controls (steering, speed control, brakes) | * Yes | * No |

*Basic Operating Procedures*

Did the operator:

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

*General Safety*

Did the operator:

|  |  |  |
| --- | --- | --- |
| Sound horn when necessary | * Yes | * No |
| Yield to pedestrians | * Yes | * No |
| Keep body inside operating compartment | * Yes | * No |
| Use all safety devices | * Yes | * No |
| Competently refuel or recharge forklift | * Yes | * No |

**Section V:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Operator Signature: |  | Date: |  |
| Instructor Signature: |  | Date: |  |