

Forklift Operator Evaluation Form

Company: _____

Date: _____

Area: _____

Shift: _____

Model: _____

Unit #: _____

Operator Name: _____

Evaluator Name: _____

1) Inspection

- a) _____ Mast, mastguard, and forks checked.
- b) _____ Wheels and tires checked.
- c) _____ Engine fluid levels checked.
- d) _____ Fanbelts checked.
- e) _____ Engine cover latches secured.
- f) _____ Rollover protection checked.
- g) _____ Seatbelt checked.
- h) _____ Backup alarm checked.
- i) _____ Controls checked.
- j) _____ Labels, markings and load charts checked.
- k) _____ Steering checked.
- l) _____ Braking checked.
- m) _____ If propane, fuel connections and mounting bracket checked.
- n) _____ Conducted general check for leaks.

2) Startup

- a) _____ Inspection performed and documented.
- b) _____ Company required PPE worn.
- c) _____ Seatbelts secured.
- d) _____ Machine out of gear.
- e) _____ Parking brake engaged.
- f) _____ Machine successfully started.
- g) _____ Lift truck allowed to warm-up.
- h) _____ Forks lifted to minimum distance needed for clearance while traveling.
- i) _____ Low gear engaged.
- j) _____ Parking brake removed.
- k) _____ Observed for materials, vehicles, and pedestrians before movement.

3) Travel

- a) _____ Kept forks low.
- b) _____ Continued to wear seatbelt.
- c) _____ Maintained reasonable speed for conditions.
- d) _____ Successfully shifted gears.
- e) _____ Yielded to pedestrians.
- f) _____ Honked at blind intersections and areas with poor visibility.
- g) _____ Forks kept "upramp" when going up or down ramps.
- h) _____ Avoided running or objects.
- i) _____ Crossed railroad tracks at an angle.
- j) _____ Demonstrated awareness of overhead hazards.

4) Trailers

- a) _____ Verified the floor loading capacity.
- b) _____ Properly positioned dock plate.
- c) _____ Inspected floor.
- d) _____ Verified choke blocks in place or dock locking mechanism engaged.
- e) _____ Verified trailer support by jacks or tractor.

5) Positioning Load

- a) _____ Load within capacity.
- b) _____ Load balanced.
- c) _____ Load secured.
- d) _____ Center of gravity positioned close to the mast.
- e) _____ Tilted load rearwards.
- f) _____ Used ground guide or drove backwards when forward visibility obscured.

6) High Stacking

- a) _____ Operator aware of rack capacity or stacking limitations.
- b) _____ Withdrew and lowered load to the ground immediately upon clearing rack.
- c) _____ Elevated load only after in close proximity to rack.
- d) _____ Load kept tilted rearwards during lift.
- e) _____ Load tilted forward after positioned over rack.

7) Shutdown

- a) _____ Forks lowered to the floor.
- b) _____ Parking brake engaged.
- c) _____ Shifted into neutral.
- d) _____ Turned engine off if operator is further than 25 feet away.

I hereby certify that I have conducted an evaluation of this employee's ability to safely operate a lift truck, and I have determined that their performance is satisfactory.

Evaluator Signature: _____

Date: _____

Employee Signature: _____

Date: _____