



Lift Operator Skills Evaluation Form

Truck Type: Sit Down Stand Up
 Powered by: Electric Propane Gasoline
Employee Name: _____ **Yrs. Experience:** _____
Facility/Location: _____ **Testing Date:** _____

Object: Rate each lift truck operator by how they perform basic forklift driving skills. Each operator is to be given the same assignment and instructions. Any infraction of these guidelines during the skills session should be counted as a violation and deducted from the point total. Value: 30 points

	Pass	Fail		Pass	Fail
1-8. Physical examination of lift truck: (Operator must demonstrate and describe inspection of each of these items)			19. Did the operator back out and lower the forks before moving?	<input type="checkbox"/>	<input type="checkbox"/>
• Tilt	<input type="checkbox"/>	<input type="checkbox"/>	20. Did the operator always look behind before backing up?	<input type="checkbox"/>	<input type="checkbox"/>
• Raise/lower	<input type="checkbox"/>	<input type="checkbox"/>	21. Did the operator wear protective equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Horn	<input type="checkbox"/>	<input type="checkbox"/>	22. Did the operator drive around the block of work or get off the lift and remove it?	<input type="checkbox"/>	<input type="checkbox"/>
• Tires	<input type="checkbox"/>	<input type="checkbox"/>	23. Did the operator set the load flat on the floor before getting off.	<input type="checkbox"/>	<input type="checkbox"/>
• Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>	24. Did the operator put on a hard hat before getting off?	<input type="checkbox"/>	<input type="checkbox"/>
• Mast Chains	<input type="checkbox"/>	<input type="checkbox"/>	25. Did the operator make any moves that were potentially dangerous	<input type="checkbox"/>	<input type="checkbox"/>
• Brakes	<input type="checkbox"/>	<input type="checkbox"/>	26a. Did the operator for five safety rules to follow at a loading/receiving dock. They should include:		
• Hour Meter	<input type="checkbox"/>	<input type="checkbox"/>	* Chock Wheels	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the operator pull forward toward designated section of racking without striking anything.	<input type="checkbox"/>	<input type="checkbox"/>	* Operator Safety	<input type="checkbox"/>	<input type="checkbox"/>
			* Wear Equipment	<input type="checkbox"/>	<input type="checkbox"/>
			* Watch for Others	<input type="checkbox"/>	<input type="checkbox"/>
			* Proper Lighting	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the operator place the forks under the pallet properly.	<input type="checkbox"/>	<input type="checkbox"/>	* Warn	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the operator raise or tilt the load properly.	<input type="checkbox"/>	<input type="checkbox"/>	* Hold Handrail	<input type="checkbox"/>	<input type="checkbox"/>
			* Other	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the posts strike any section of racking while removing the pallet?	<input type="checkbox"/>	<input type="checkbox"/>	26b. Ask the operator for five safety rules to follow at the battery charging stations. They should include:		
13. Did the operator lower the pallet before moving/backing out?	<input type="checkbox"/>	<input type="checkbox"/>	• Proper Equipment	<input type="checkbox"/>	<input type="checkbox"/>
14. Did the operator drive at a safe rate of speed?	<input type="checkbox"/>	<input type="checkbox"/>	• Proper plug/Unplug Procedures	<input type="checkbox"/>	<input type="checkbox"/>
15. Did the operator slow down or stop at cross aisles?	<input type="checkbox"/>	<input type="checkbox"/>	• No Smoking	<input type="checkbox"/>	<input type="checkbox"/>
16. Did the operator sound the horn?	<input type="checkbox"/>	<input type="checkbox"/>	• Use MSDS	<input type="checkbox"/>	<input type="checkbox"/>
17. Did the operator pull into areas of racking properly when returning pallet back to the racking?	<input type="checkbox"/>	<input type="checkbox"/>	• Clean -up Procedures	<input type="checkbox"/>	<input type="checkbox"/>
18. Did the operator strike any racking on the way up or going into the racking?	<input type="checkbox"/>	<input type="checkbox"/>	• Eyewash Stations	<input type="checkbox"/>	<input type="checkbox"/>
			• Others	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL POINTS:				_____	_____

Note: On #26a. Or 26b. the operator must fully describe how to perform these functions. If they fail to name five items, do not give full credit.

Supervisor: _____ Date: _____ Score: _____

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