

COUNTER BALANCED TRUCK OPERATOR EVALUATION

OPERATOR'S NAME _____ DATE: _____

LOCATION _____ PREVIOUS TRAINING DATE: _____

EVALUATOR/TRAINER'S NAME: _____

Check "S" if Satisfactory, "US if Unsatisfactory

INSPECTION ITEM	S	US	COMMENTS
I. PRE-OPERATIONAL INSPECTION			
a. Forklift Checklist			
b. Current forklift driver's certification			
II. PICKING UP LOAD			
a. Load distribution			
b. Load stability			
c. Tine positioning			
d. Penetration into pallet			
e. Tilt/lift			
f. Stopped forklift before load raised/lowered			
g. Lowered to safe travel height before moving			
h. Overhead obstruction check			
i. Back out slowly/look behind			
III. TRAVELING WITH LOAD			
a. Look in direction of travel			
b. Legs/arms inside runnibng lines			
c. Sound horn at intersections/pedestrians			
d. Reasonable speed			
e. Changing directions-stop			
f. Look before backing			
g. Ramps and incline			
h. Braking			
i. Lift and lwoer load when traveling			
j. Distance between forklift vehicles			
k. Distance of tines from floor			
l. Mount/dismount			
m. Double loads/awkward loads			
IV. LOAD MANIPULATION, STACKING, UNSTACKING			
a. Forklift centered			
b. Speed of lift			
c. Forward Movement			
d. Positioning load on rack			
e. Back off slow/check for pedestrians			
f. Fork clear pallet before up/down			
V. TRUCK LOADING/UNLOADING			
a. Chocked/jack stand			
b. Brakes set			
c. Dockboard/bridgeplates			
d. Horn sounded			
VI. SAFETY PLATFORM USE			
a. Secured			
b. Horizontal travel			
c. Passenger control			
d. Pedestrian travel			
VII. BATTERY CHARGING			
a. Charger hook-up			

I certify that the above information is correct and accurate

EVALUATOR/TRAINER'S SIGNATURE: _____ DATE: _____