

## **Forklift training program 6/19/01**

All operators of lift trucks must be trained and receive a certificate or license to indicate the employee's knowledge, skill, and ability to safely operate a powered lift truck. The certification must include the name of the trainee, the date of the training, and the signature of the person performing the training and evaluation.

Refresher training of the operator's performance must be conducted at least every 3 years by completing the practical training.

### **Initial training will consist of:**

#### **I. Formal instruction:**

- a. Videotape- "Forklift Fundamentals", discussion and quiz
- b. Videotape- "Forklift Operations", discussion and quiz
- c. Review of "Material Handling Section E paragraph 4 of Environmental health and Safety Manual (pgsIV-49 through IV-51)
- d. Review of Daily inspection sheet (Forklift pre-use Daily Inspection)

#### **II. Practical Training:**

- a. Performance of inspection
- b. Demonstration by the trainer on maneuver of industrial lift
- c. Practical demonstration by the trainee and evaluation by the trainer.

#### **Practical demonstration should include:**

- **A rack containing a pallet, preferably elevated rack.**
- **A cross-aisle(intersection)**
- **Trash in the aisle (ie; book, board, etc.).**
- **Completion of "Lift operator Skills evaluation" form**

**The operator is to pick up a pallet from the rack and transport it, crossing an intersection or cross-aisle, and placing pallet safely on the ground within a designated location. The operator is to return with the pallet along the same route.**

**Remind the operator to proceed perpendicular to any road grades or slopes to prevent tipping of forklifts. Stop trainee immediately if unsafe acts or conditions occur while testing.**

# Forklift pre-use Daily Inspection

To be completed daily prior to use  
Rev 6/19/01

Fork-truck or equipment # \_\_\_\_\_

## Powerplant of truck:

- |                                    |             | comments |
|------------------------------------|-------------|----------|
| a. Battery-powered electric truck- |             |          |
| 1. Battery for damage              | ok    other | _____    |
| 2. Corrosion                       | ok    other | _____    |
| 3. Loose connections               | ok    other | _____    |
| b. Gasoline, diesel, propane       |             |          |
| 1. Fuel tank level                 | ok    other | _____    |
| 2. Fuel tank damage                | ok    other | _____    |
| 3. All valves/hoses secure         | ok    other | _____    |

## Truck Operation

- |                          |             |       |
|--------------------------|-------------|-------|
| a. Mast                  | ok    other | _____ |
| b. Carriage              | ok    other | _____ |
| c. Forks                 | ok    other | _____ |
| d. Overhead guard        | ok    other | _____ |
| e. Backrest              | ok    other | _____ |
| f. Hydraulic system      | ok    other | _____ |
| g. Tires                 | ok    other | _____ |
| h. Capacity name plate   | ok    other | _____ |
| i. Hydraulic Fluid level | ok    other | _____ |
| j. Brake fluid level     | ok    other | _____ |
| k. Oil level             | ok    other | _____ |
| l. Coolant level         | ok    other | _____ |

## Start Forklift, check controls as you put it through normal maneuvers and check:

- |             |             |       |
|-------------|-------------|-------|
| a. Lift     | ok    other | _____ |
| b. Tilt     | ok    other | _____ |
| c. Brakes   | ok    other | _____ |
| d. Steering | ok    other | _____ |
| e. Lights   | ok    other | _____ |
| f. Horn     | ok    other | _____ |

General comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Date/Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If anything is out of line, turn off forklift, tag it with a "do not operate" tag, and report problems to your supervisor.

# Lift operator Skills evaluation

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TRAINEE NAME: \_\_\_\_\_

Test Date \_\_\_\_\_

Facility/Location \_\_\_\_\_

**Truck type:** sit down  stand up  **Powered by** Electric  Propane  Diesel/gas

OTHER description \_\_\_\_\_

**Pass Fail**

## 1-8-Physical examination of the truck.

Operator must perform and describe inspection of each item:

- |                   |      |      |
|-------------------|------|------|
| 1. Tilt           | pass | fail |
| 2. raise/lower    | pass | fail |
| 3. Horn           | pass | fail |
| 4. Tires          | pass | fail |
| 5. Oil leaks      | pass | fail |
| 6. Brakes         | pass | fail |
| 7. capacity plate | pass | fail |
| 8. mast chains    | pass | fail |

9. Did the operator pull forward toward the designated section of racks without striking anything? Pass fail

10. The operator place the forks under the pallet properly? Pass fail

11. Was the load raised or tilted properly? Pass fail

12. The truck strike any section of racks when removing pallet? Pass fail

13. Was pallet lowered before travelling? Pass fail

14. Safe rate of speed? Pass fail

15. Stop/slow down at cross aisles pass fail

16. Sound horn at cross aisles? Pass fail

17. When returning pallet, did operator pull into rack properly? Pass fail

18. Any racks struck while replacing pallet? Pass fail

19. Did the operator back out and lower forks before moving? Pass fail

20. Did the operator look behind when backing up? Pass fail

21. Proper safety equipment worn? Pass fail

22. Did the operator drive around the "trash" or pick it up? Pass fail

23. Set the load/forks flat on floor before getting off? Pass fail

24. Was seat belt used? Pass fail

25. Did the operator make any moves that were potentially dangerous? Pass fail

26. Ask the operator to describe 3 safety rules for loading/receiving at the dock.

- Chock wheels 1.Pass fail
- Truck turned off 2.Pass fail
- Warn others 3.Pass fail
- Proper lighting
- Watch for others
- Load limits on truck
- Height limits from carriage
- Other

27. Ask the operator to describe 2 safety rules to follow at the battery charging station

- Proper equipment 1. Pass fail
- Proper plug/unplug 2. Pass fail
- No smoking
- Clean-up procedure
- Eyewash station
- Other

General Comments:

\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR

NAME \_\_\_\_\_/Date/\_\_\_\_\_

TOTAL POINTS \_\_\_\_\_  
(30 MAX PTS)