

FORKLIFT OPERATOR SUPERVISOR EVALUATION

| | | | Date of Classroom/Practical Instruction: | Date of Supervisor Evaluation: | | |
|--|----------------------------|--------------------------|--|--------------------------------|--------------------------|--------------------------|
| Operator: | Instructor: | | Evaluator: | | | |
| Operator ID#: | Instructor ID#: | | Evaluator ID#: | | | |
| Department: | Department: HR / Equipment | | Department: | | | |
| Equipment Information | | | | | | |
| Type of Forklift: | LU or Rental Company: | | | | | |
| Make & Model: | Serial #: | | | | | |
| Hour Meter Reading: | Capacity(lbs.): | | | | | |
| Pre-Use Inspection | | | | | | |
| Checks/Evaluates | Supervisor Evaluation 1 | | | Supervisor Evaluation 2 | | |
| | Yes | No | N/A | Yes | No | N/A |
| Completes work place and lift inspection form prior to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks for leaks – Fuel, Hydraulic Oil, Engine Oil or Radiator Coolant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks tires – Condition & Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check Condition of Forks, Backrest & Carriage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks Hydraulic Hoses, Mast Chains, Cables & Stops - Check Visually | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Check of Inner Boom & Outer Boom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Check of Carriage Tilt Cylinders and Boom Lift Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks Name Plate – Attached & Info matches Model & Serial # | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Warnings – Attached (Refer to Parts Manual for location) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid Levels – Hydraulic, Fuel, Oil, Radiator, Transmission, Battery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks for Operating Manuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks Instrument panel, steering, maneuverability and braking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks inclinometer and boom extension indicator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks back-up alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Item Missed | | | | | | |

| Practical Skills Evaluation | | | | | | |
|---|--------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Task/Knowledge | Supervisor Evaluation 1 | | | Supervisor Evaluation 2 | | |
| | Yes | No | N/A | Yes | No | N/A |
| Familiar and understands all control functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fastens seat belt prior to starting unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks area around unit before engaging movement unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travels at safe speeds for the surrounding conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Keeps clear view in the direction of travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is aware of all clearance (overhead, side and rear) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raises unit safely, ensuring appropriate clearances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checks below and around unit prior to lowering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper positioning, lifting and placement of load | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary travel done at a safe height (lowered) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintains stability and control of unit at all times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avoids all obstacles (holes, entanglement hazards, pedestrians, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unit parked correctly and safely and sets hand brake before exiting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses proper procedures for mounting/dismounting unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displayed confidence while operating unit and appears comfortable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Items Missed | | | | | | |

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| Notes: |
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| EHS DEPARTMENTAL USE ONLY | | | | |
|----------------------------------|-----------------------------------|------------------------|-------------------------|-----------------------|
| Authorized Agent Name | Authorized Agent Signature | Date Authorized | Date Card Issued | Card Issued By |
| | | | | |