



Forklift Driver Evaluation

- ___ Initial Certification
- ___ Site Specific Re-Certification
- ___ 3-year Re-Certification
- ___ Post-Accident Re-Certification

| Temporary Forklift Operator's Permit | |
|---|---------------------|
| Name: _____ | |
| License Number _____ | Position _____ |
| Issued By _____ | Location _____ |
| Is qualified to operate: ___ Yes ___ No | Restrictions: _____ |
| Operators Signature _____ | Expires _____ |

Cones:

- Hit center cone
- Hit outside cone
- Bumps center cone
- Bumps outside cone

- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____

Load:

- Placement of load
- Lifting of load
- Stacks evenly
- Carries load properly
- Handels forks properly

- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____

Driving and Backing:

- Uses horn when backing
- Uses horn around blind spots
- Sets parking brake
- Places forks on the floor when stopped

- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____
- PASS _____ FAIL _____

Overall Pass _____ Overall Fail _____ Needs Improvement _____

Location: _____ Trainer: _____ Date: _____

Trainee Signature: _____ Trainer Signature: _____

Use the courses below to evaluate the trainee. Draw in Course 4 specific to the training site.

