FORKLIFT SAFETY EVALUATION

Operator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| EXAMINATION CHECK LIST | CORRECT | INCORRECT | REMARKS/COMMENTS |
| **Inspection:** | | | |
| Diver it certified |  |  |  |
| Complies and competes forklift daily check list |  |  |  |
| **Load Pick up:** | | | |
| Load is picked up according to rules and regulations |  |  |  |
| **In-Motion:** | | | |
| Reasonable, safe speed |  |  |  |
| Limbs remain inside forklift |  |  |  |
| Follow signs and rules of the road |  |  |  |
| Safe stop |  |  |  |
| Load remains stable (no adjustments to load when moving) |  |  |  |
| Use horn to alert others |  |  |  |
| **Load Drop off:** | | | |
| Load drop off is done in a safe matter that complies with rules and regulations |  |  |  |
| **Stationary:** | | | |
| Set Brakes and other parking controls |  |  |  |
| If applicable, incline parking appropriately completed |  |  |  |
| Turn off Forklift |  |  |  |
| **Battery Charging:** | | | |
| Appropriate safety gear is worn |  |  |  |
| Proceed with charging steps, safely |  |  |  |

Additional Comments:

Assessor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_