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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_