**Sit Down Fork Lift Operator Evaluation Form**

Operator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Forklift evaluation form aids the evaluator in assessing the operator's competency of safe machine operation. To customize for specific industry / job, items may be added or deleted depending on the operating environment and the needs of the company. This evaluation should be filed away for future reference.

**Pre-shift Inspection:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Fuel, oil, coolant (internal combustion engine) |  |  |  |
| Battery charge level (battery power)  |  |  |  |
| Warning devices, lights  |  |  |  |
| Tires  |  |  |  |
| Chassis & operator's compartment |  |  |  |
| Forks, Mast & Components |  |  |  |
| Hydraulic fluid level and component leaks |  |  |  |
| Fire Extinguisher |  |  |  |
| Labels, Cap. Plates, Op. Manual |  |  |  |
|  |  |  |  |

**Operational Checks:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| All Brakes  |  |  |  |
| Steering  |  |  |  |
| Seatbelt  |  |  |  |
| All Controls |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Fueling or Charging:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Follows company procedures for fueling with diesel, gasoline or propane.  |  |  |  |
| Follows company procedures for charging or changing batteries.  |  |  |  |

**Picking/Placing a Load:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Proper use of seat belts |  |  |  |
| Climbing on & off machine properly |  |  |  |
| Engaging & disengaging a load |  |  |  |
| Proper Lifting of Load |  |  |  |
|  |  |  |  |

**Maneuvering with a Load:**

Sat. Unsat. Remarks

|  |  |  |  |
| --- | --- | --- | --- |
| Demonstrate ability to safely maneuver forklift with a load in the work environment |  |  |  |
| Use of Horn  |  |  |  |
| Proper parking procedure |  |  |  |
| Reverse travel |  |  |  |
| Looks in direction of travel and all around for safety looking back every time when backing up |  |  |  |
|  |  |  |  |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

Supervisor/Trainer Signature Date