

OPERATOR EVALUATION FORM

Operator Name: _____ Date: _____

Procedure	Forklift Class / Type		
	I,IV,V	III	II
1. Performed pre-shift check properly.			
2. Checked rated lifting capacity of the truck.			
3. Checked load weight before handling.			
4. Approached load properly.			
5. Forks under at least 2/3 of the load length.			
6. Load back against the face of the forks.			
7. Load balanced properly.			
8. Lifted load properly.			
9. Shows familiarity with truck controls.			
10. Maneuvered properly.			
11. Traveled with load at proper height.			
12. Slowed down at intersections.			
13. Sounded horn at intersections.			
14. Kept clear view of direction of travel.			
15. Checked bridge plates/ramps when applicable.			
16. Obeyed signs.			
17. Yielded to pedestrians.			
18. Drove under control and within proper traffic aisles.			
19. Turned corners correctly - was aware of tail swing.			
20. Stops smoothly/completely.			
21. Lowered load smoothly/slowly.			
22. Placed loads within marked area.			
23. Stacked loads evenly and neatly.			
24. Drove in reverse when required.			
25. Placed fork tips on the floor when parked.			
26. Review site specific hazards & controls.			

EVALUATOR COMMENTS:

Signature of Trainer or Designated Person Performing the Evaluation