



Authorized Forklift Operator Form

**This model form/template must be customized to meet your Agency’s needs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual) has been designated as an “Authorized” Forklift Operator by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employer) based on the individual’s training, experience, and demonstrated skills in the following:

* Forklift Basics Training (Classroom)
* Daily Forklift Checklist Requirements
* Forklift Driving Safety Precautions
* Load Handling
* Safety Precautions and Special Situations
* Forklift Safety Quiz
* Hands-on Driving Evaluation

Training required by the employer:

* Initial training before assignment and authorization
* Recertification required every three years
* Additional refresher training based on performance, near-misses, or accidents

**Operator Evaluation Date Evaluated / Passed By**

Employee understands how to read the forklift load chart. \_\_\_\_\_ \_\_\_\_\_

Employee can smoothly operate lift in forward and reverse. \_\_\_\_\_ \_\_\_\_\_

Employee can safely raise and lower forks. \_\_\_\_\_ \_\_\_\_\_

Employee can tilt forks.    \_\_\_\_\_ \_\_\_\_\_

Employee can safely raise and lower a load. \_\_\_\_\_ \_\_\_\_\_

Employee understands all forklift warning and caution decals. \_\_\_\_\_ \_\_\_\_\_

Employee travels, enters, and exits the work area safely. \_\_\_\_\_ \_\_\_\_\_

Employee safely fuels equipment. \_\_\_\_\_ \_\_\_\_\_

Employee parks and secures equipment. \_\_\_\_\_ \_\_\_\_\_

Review of supporting documents related to “Authorized Operator” designation: (attach copies)

\_\_\_\_\_\_ Training, classes, and workshops attended

\_\_\_\_\_\_ Years of experience in supervisor or lead person: no. of years/months \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Formal education, union apprenticeship, etc.

\_\_\_\_\_\_ On-the-job performance: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forklift equipment trained on and authorized to operate: (list manufacturer, make/model number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Evaluated and Designated by:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual assigned as an “Authorized” Forklift Operator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_