

PERFORMANCE TEST FOR FORKLIFT OPERATORS - SAMPLE FORM

EMPLOYEE _____ DATE _____ TIME _____ a.m.
p.m.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Shows familiarity with truck controls. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Gave proper signals when turning. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Slowed down at intersections. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sounded horn at intersections. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Obeyed signs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Kept a clear view of direction of travel. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Turned corners correctly – was aware of rear end swing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Yielded to pedestrians. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Drove under control and within proper traffic aisles. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Approached load properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Lifted load properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Maneuvered properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Traveled with load at proper height. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Lowered load smoothly / slowly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Stops smoothly / completely. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Load balanced properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Forks under load all the way. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Carried parts / stock in approved containers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Checked bridge plates / ramps. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did place loads within marked area. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did stack loads evenly and neatly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Did drive backward when required. |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Did check load weights. |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Did place forks on the floor when parked, controls neutralized, brake on set, power off. |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Followed proper instructions for maintenance – checked both at beginning and end. |

Based on my evaluation, the operator has successfully completed the evaluation and is qualified to operate the following equipment:

Based on my evaluation, the operator has not demonstrated competence in operating the following equipment:

Evaluator Signature

Operator Signature
