

## Forklift Driver's Test & Evaluation

EMPLOYEE: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

(Print Name)

Check box when completed or line out if does not apply to this operation.

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

Total Rating: Pass or Fail (*passing grade is 22 checks or above*)

Completed Class Room Training on: \_\_\_\_\_ (date).

Comments: \_\_\_\_\_

Evaluator \_\_\_\_\_  
(Print Name) Signature Date

Vehicle used for evaluation: Make _____ Model _____	
Fuel Type:	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> LP <input type="checkbox"/> Electric
Tires:	<input type="checkbox"/> Solid <input type="checkbox"/> Pneumatic
Accessories:	_____
Approved for: (list units driver can operate): _____	
_____	
_____	