

Operator's Name _____

Date Conducted _____

Department _____

Lift Type _____

Model _____

Capacity _____

Maximum Platform Height _____

Written Test Score _____

Pass	<input type="checkbox"/>
Fail	<input type="checkbox"/>

Evaluation Test Score _____

Signature of Operator _____

Pre-Operational Inspection	Yes	No
Visual Check		
Fluid Check		
Battery Check		
Function Checks	Yes	No
Ground Operation		
Platform Operation		
Driving Forward, Reverse, and Steering		
Basic Operating Procedures	Yes	No
Smoothly operate controls		
Check clearance - moving forward		
Check clearance - moving in reverse		
Check clearance - raising up		
Check for people/obstructions - coming down		
Maintain safe distance - people		
Maintain safe distance - obstacles		
Maintain safe distance - carts/vehicles		
Travel - safe speed		
Travel - platform at safe height		
Travel - maintain clear view		
Maintain control at all times		
Parking - parked safely and correctly		
General Safety	Yes	No
Pedestrians -yields to all		
Workplace Inspection - done before each task		
Workplace Location - proper setup and elevation		
Platform - enter and exit properly		
Position - Maintains safe position in platform		
Equipment - Stays within the guardrail system		

De-briefed Operator

Evaluator's Name _____

Signature of Evaluator _____

Comments _____
