**Objective:** To review critical safety principles related to safe forklift operation

 **Points to emphasize:**

* Current employer training and certification is required.
* Complete the pre-operational checklist.
* Know your travel route.
* Drive with loads down.
* Know and do not exceed your load and weight capacity.

**Responsibilities:**

* Follow all manufacturer, training and certification instructions.
* Take responsibility for the safety of yourself and pedestrians.
* Use the right forklift for the environment.
* Operate fork trucks only in designated areas with adequate ventilation. Use electric powered if needed.
* Secure unstable loads before starting the vehicle.
* Make sure that there is adequate clearance before passing under or between structures.
* Maintain indoor speed under 2 mph (8 km/hr) and outdoor speed under 15 mph (24 km/hr).
* Tilt the mast back slightly before traveling.
* When forward vision is obscured, break down the load or drive in reverse.
* Keep weight uphill.
* Stop at all blind spots.
* Turn slowly.
* Keep arms and legs in cab.
* Use your seatbelt.
* Park the truck in safe area with load down and break set.
* Turn in safe area and never on ramps.
* Do not allow riders.

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: Trainer’s Signature: \_\_\_\_\_

**Class Participants:**

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

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Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_