

Lift Equipment Operator Questionnaire



In order to maintain OSHA compliance and create a safe work environment, we want to gauge your familiarity with each piece of lift equipment you have operated and determine if additional training is required. For training assistance, please contact us at:--->

800-322-5438

Please list those that you have operated and approximately the number of months experience you have with each.

Equipment Type	Months Experience	Equipment Type	Months Experience
<input type="checkbox"/> Sit-down counterbalance electric forklift	_____	<input type="checkbox"/> Sit-down counterbalance IC forklift	_____
<input type="checkbox"/> Sit-down counterbalance 3-wheel electric forklift	_____	<input type="checkbox"/> Sit-down counterbalance gas forklift	_____
<input type="checkbox"/> Sit-down counterbalance diesel forklift	_____	<input type="checkbox"/> Stand-up counterbalance electric forklift	_____
<input type="checkbox"/> Stand-up counterbalance electric forklift	_____	<input type="checkbox"/> Electric reach truck	_____
<input type="checkbox"/> Electric order picker	_____	<input type="checkbox"/> Electric walkie stacker	_____
<input type="checkbox"/> Electric straddle stacker	_____	<input type="checkbox"/> Electric pallet jack	_____
<input type="checkbox"/> Electric walkie rider pallet jack	_____	<input type="checkbox"/> Electric counterbalance walkie pallet jack	_____
<input type="checkbox"/> Electric walkie reach pallet jack	_____	<input type="checkbox"/> Electric tugger rider	_____
<input type="checkbox"/> Narrow-aisle sit-down counterbalance forklift	_____	<input type="checkbox"/> Articulating sit-down rider forklift	_____
<input type="checkbox"/> High-capacity sit-down counterbalance forklift	_____	<input type="checkbox"/> Truck-mount counterbalance forklift	_____
<input type="checkbox"/> Scissor type aerial lift	_____	<input type="checkbox"/> Boom type aerial lift	_____
<input type="checkbox"/> Other (list) _____	_____	<input type="checkbox"/> Other (list) _____	_____

Please list the brands of forklifts you have operated

<input type="checkbox"/> TCM (Uni-Carriers)	<input type="checkbox"/> Doosan	<input type="checkbox"/> Komatsu	<input type="checkbox"/> Princeton	<input type="checkbox"/> Aichi
<input type="checkbox"/> Nissan (Uni-Carriers)	<input type="checkbox"/> Mitsubishi	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Drexel	<input type="checkbox"/> Other _____
<input type="checkbox"/> Linde	<input type="checkbox"/> Yale	<input type="checkbox"/> Caterpillar	<input type="checkbox"/> Bendi	<input type="checkbox"/> Other _____
<input type="checkbox"/> Clark	<input type="checkbox"/> Hyster	<input type="checkbox"/> Combi-lift	<input type="checkbox"/> JLG	<input type="checkbox"/> Other _____
<input type="checkbox"/> Toyota	<input type="checkbox"/> Crown	<input type="checkbox"/> Sellick	<input type="checkbox"/> Genie	<input type="checkbox"/> Other _____

Please list the types of conditions you are used to operating lift equipment in

Smooth floors (warehouse)
 Paved surfaces (outdoors)
 Concrete surface (outdoors)
 Other (list) _____
 Graded surfaces
 Gravel surfaces (outdoors)
 Mixed surfaces (outdoors)
 Other (list) _____

When was the last time you received lift equipment operator training (classroom training, theory safety)? _____

Have you received "hands-on" training and evaluation on all the equipment you have listed previously? _____

If you answered "no" to the above, please list each type equipment for which you have you not received "hands-on" training and evaluation:

Have you ever had an accident that involved your lift equipment? Y / N If you answered "yes" please describe what happened below:

After the incident, did you receive "refresher training?" Y / N Approximate Date of Refresher Training: _____

Signed: _____ Date: _____