

**Instructions:** Use this checklist during the field session to evaluate operator proficiency. It can also be used for periodic evaluation to ensure that operators are continuing to operate Scissor Lift properly.

**Operator Name:** \_\_\_\_\_ **Evaluator Name:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_ **Equipment Operated:** \_\_\_\_\_

EVALUATION					
Pre-operation	Good	Fair	Poor	N/A	Comments
Follow the Operator's Daily Checklist					
ID/Capacity Plate in place and legible					
Look for damage: wheels, tires, hydraulic components					
Document all findings on the checklist					
Traveling	Good	Fair	Poor	N/A	Comments
Position for the best visibility, backwards or forwards					
Face the direction of travel					
Maintain an appropriate, safe speed					
Allows for wide swings around corners					
Sounds the horn to alert others					
Stop smoothly					
Come to a complete stop before stepping off platform					
Watch for clearance					
Carefully reverse direction					
Observe all traffic rules, warning signs, floor load limits and overhead clearances					
Keep arms and legs inside the forklift					
Follow other vehicles at a safe distance					
Slow down when cornering					
Parking	Good	Fair	Poor	N/A	Comments
Fully lower the platform					
Neutralize the controls					
Set the brakes					
Turn off the power					
If parked on an incline, block the wheels					
Park only in authorized areas					
Fueling and Battery Recharging	Good	Fair	Poor	N/A	Comments
Turn the engine off					
Keep a fire extinguisher nearby					
Use the proper Personal Protective Equipment					
Follow safe fueling and battery recharging					

Fueling and Battery Recharging (continued)	Good	Fair	Poor	N/A	Comments
Clean up spills immediately					
<b>FINAL EVALUATION</b>					
Based on my evaluation, the operator <b>has successfully</b> completed the evaluation and is qualified to operate the following equipment:					
<b>Make/Model/Capacity</b>	<b>Make/Model/Capacity</b>		<b>Make/Model/Capacity</b>		
Based on my evaluation, the operator <b>has not demonstrated competence</b> in operating the following equipment:					
<b>Make/Model/Capacity</b>	<b>Make/Model/Capacity</b>		<b>Make/Model/Capacity</b>		

**Evaluator Signature:** \_\_\_\_\_

**Operator Signature:** \_\_\_\_\_