**Appendix D**

**Hands-On Evaluation Test for Powered Industrial Truck Operators**

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| **POWERED INDUSTRIAL TRUCK OPERATOR HANDS-ON EVALUATION** |
|  |  |  |  |  |  |  |  |  |  |
| **Operator Name:** |  |  |  | **Evaluation Date:** |  |  |   |
| **Department:** |  |  |  |  |  |  |  |   |
|  |   |   |   |   |   |   |   |   |   |
| **Directions:** Evaluate the operator on each factor. Indicate satisfactory performance by checking |
|  |  the "Yes" column. Indicate unsatisfactory performance by checking the "No" column. |
|  |  |  |  |  |  |  |  |  |   |
|  |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   | **Yes** | **No** | **NA** |
|   |   |   |   |   |   |   |   |   |   |
| (1) **Is operator's ability to complete pre-use inspection satisfactory?** |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| (2) **Does operator fasten their seatbelt prior to beginning test?** |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| (3) **Does the operator fully understand all controls?** |   |   |   |
|  (Demonstrate control movement to achieve desired result). |   |
|   |   |   |   |   |   |   |   |   |   |
| (4) **Maneuvering skills**: |   |   |   |
|  (a) Smooth starting and stopping? |
|  (b) Proper speed maintained? (No faster than a brisk walk) |   |   |   |
|  (c) Forks carried as low as possible while in motion?  |   |   |   |
|  (d) Speed reduced at corners and intersections? |   |   |   |
|  (e) Safe distance maintained from all obstacles? |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| (5) **Handling load**: |   |   |   |
|  (a) Approaches load squarely? |
|  (b) Forks spread as wide as load allows? |   |   |   |
|  (c) Mast vertical when forks enter pallet? |   |   |   |
|  (d) Load tilted back against backrest? |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| (6) **Driving with load**: |   |   |   |
|  (a) Sounds horn at all blind intersections? |
|  (b) Yields to pedestrians? |   |   |   |
|  (c) Sounds horn in vicinity of doorways? |   |   |   |
|  (d) Looks in direction of travel at all times? |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   | **Yes** | **No** | **N/A** |
| (7) **Stacking**: |   |   |   |
|  (a) Stacks material straight & squarely? |
|  (b) Deposits load safely? (No excessive tilt action) |   |   |   |
|  (c) Removes load from stack and lowers to safe level before turning to proceed in the direction of travel? |   |   |   |
|  |
| (8) **Traveling on inclined surface**: |   |   |   |
|  (a) Forks as low as possible? |
|  (b) Travels in straight path? (No turns on incline) |   |   |   |
|  (c) Travels in proper direction? |   |   |   |
|  (If carrying load, forks should be uphill) |
|  (If not carrying load, forks should be downhill) |
| (9) **Parking**: |   |   |   |
|  (a) Parks in safe location? |
|  (b) Controls placed in neutral? |   |   |   |
|  (c) Parking brake set? |   |   |   |
|  (d) Forks lowered completely to floor? (Apply slight forward tilt) |   |   |   |
|  (e) Ignition turned off and keys removed? |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| (10) **Comments** (*Must be included for all tasks marked “No”. If task is failed the evaluator must explain what was done incorrectly and have the trainee repeat the task until it is completed correctly*): |
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| Based on an evaluation of the preceding abilities, the operator **PASSES or FAILS** (circle one) this |
| performance evaluation. |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Evaluator signature: |  |  |  |  | Date: |  |  |   |
|   |  |  |  |  |  |  |  |  |   |
| Operator signature: |  |  |  |  | Date: |  |  |   |
|   |   |   |   |   |   |   |   |   |   |