

Monterey Mechanical Co.

Contra Costa Metal Fabricators - Pacific Metal Fabricators - Monterey Metal Fabricators



EQUIPMENT OPERATOR EVALUATION FORM

New: 3/28/2011 Revised:

Operator name: _____

Operators latest training date: _____ Source of training: _____

Type of equipment evaluated on: Conventional(FL) Rough Terrain(FL) Boom Lift(AP) Scissor Lift(AP)

Evaluation type: Initial Re-evaluation

Circle a "Y" if the employee passes or an "N" if the employee does not perform the task properly. Any circled "N" requires that the employee be re-instructed in the areas of concern and evaluated again if needed. This re-evaluation shall be indicated as being performed in the comments box. Only then can a "Pass" be achieved.

VISUAL CHECKS

Both	Wheels, tires	Y N
Both	Fluid leaks	Y N
Both	Guards, guardrails(AP) and covers	Y N
Both	Items not stored on equipment	Y N
Both	Capacity plates, load decals	Y N
Both	Can they locate the vehicle manual	Y N
Both	Able to locate inspection tag	Y N
FL	Forks, carriage, mast	Y N
AP	Anchor points for fall protection	Y N

Both	Keeps clear view of path while traveling	Y N
Both	Yields to pedestrians	Y N
Both	Keeps body inside of unit	Y N
Both	Is aware of all clearances	Y N
Both	Maintains control at all times	Y N
Both	Operates in designated areas	Y N
Both	Avoids bumping and pushing	Y N
Both	Unit parked correctly	Y N
FL	Uses seatbelt	Y N
FL	Understands load chart	Y N
FL	Approaches and lifts loads correctly	Y N
FL	Loads properly placed on the forks	Y N
FL	Checks load before lifting for being secure	Y N
FL	Checks behind before putting into reverse	Y N
FL	Travels with the forks at a safe level	Y N
FL	Sounds horn when needed	Y N
FL	Places and pulls out of load correctly	Y N
AP	Checks 360degrees for clearance prior to movement	Y N
AP	Closes gate or chain	Y N
AP	Checks for overhead clearances when raising	Y N

OPERATOR CHECKS

Both	Lifting mechanism	Y N
Both	Brakes and steering	Y N
FL	Instrument gauges	Y N
FL	Backup alarm, horn, seatbelt, lights	Y N
AP	Travel alarm	Y N

BASIC OPERATION

Both	Uses 3 points of contact for access	Y N
Both	Competent operation of controls	Y N
Both	Travels at a safe speed	Y N

Comments:

* If fall protection is used the user must be trained in the use of fall protection.

Employee: Pass Fail Employee Initials: _____

Evaluators name (print): _____

Evaluator signature: _____ Date: _____

Return the completed form to the Safety Department