

# 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:--->

888-375-0829

Please list those that you have operated an 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 upon**

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: \_\_\_\_\_