

## **INSTRUCTIONS:**

The Forklift Training Survey form must be completed by all personnel who drive a forklift or a Powered Industrial Truck. Such a vehicle is defined as a mobile, power-propelled truck used to carry, push, pull, lift, stack or tier material. This does not include one used for earth moving or over the road hauling. The person must answer all of the questions as completely as possible. Please sign and date the form. Also, your supervisor must sign and date it. Completed forms must be returned to the Office of Environmental Health and Safety (OEHS) via campus mail (TW-16) or by fax: 504-988-1693.

Please see form on second page.

# TULANE UNIVERSITY FORKLIFT TRAINING SURVEY

This form must be completed by all personnel who operate a forklift or by definition, a Powered Industrial Truck.\* This also applies to those persons who have already received training on the use of this equipment either at Tulane University or at a previous place of employment or location. This material is necessary to determine training needs as required by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) in compliance with the Powered Industrial Truck Standard (29 CFR1910.178).

\*OSHA references the American Society of Mechanical Engineers definition of a Powered Industrial Truck to be a "Mobile, power-propelled truck used to carry, push, pull, lift, stack or tier material" OSHA does not cover vehicles used for earth moving and over the road hauling in the Powered Industrial Truck Standard.

Name:	Campus:
Dept/Group:	Supervisor:
Telephone #:	Supervisor's Telephone #:

Radio # & Email (if applicable):

**Please answer the following questions by checking either YES or NO and providing the requested info:**

1. Have you received classroom training on the use of a forklift or a Powered Industrial Truck:  Yes  No  
If YES, then give location and date: \_\_\_\_\_
2. Have you received hands-on evaluation on the use of a forklift or a Powered Industrial Truck:  Yes  No  
If YES, then give location and date: \_\_\_\_\_
3. Have you been recertified on the use of a forklift or a Powered Industrial Truck:  Yes  No  
If YES, then give location and date: \_\_\_\_\_

**If you answer YES to any of the above questions, then please continue by answering questions 4-8.  
If you answer NO to all of the above questions, then skip to the signature section.**

4. Have you been observed to operate the forklift in an unsafe manner?  Yes  No
5. Have you been involved in an accident or near-miss incident?  Yes  No
6. Have you received an evaluation that reveals you are not operating a forklift safely?  Yes  No
7. Have you been assigned to drive a different type of powered industrial truck from which you were certified to operate?  
 Yes  No
8. Has a condition in your workplace or area changed in a manner that could affect the safe operation of a forklift?  
 Yes  No

<b>Signature of Operator and Date</b>	<b>Signature of Supervisor and Date</b>
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**FOR OEHS USE ONLY**

Training required:  Yes  No  
 Training received:  Yes  No    Date of Training: \_\_\_\_\_