

Training Record PIV & Forklift Operator

I hereby acknowledge satisfactory completion of a training program for powered industrial vehicles and/or forklifts, which includes at least:

Part A: Classroom Component: PIV & Forklift Operation

- Overview of Powered Industrial Vehicles, including forklifts
- Risks of PIV & forklift operation
- Hazards associated with PIV & forklift operation
- Safe driving, handling, and operating procedures
- Proper use of protective equipment
- Overview of the OSHA Standard requirements, as a guideline for safe operation
- First aid & procedures for summoning emergency services

Instructor Name(s)(Print)

Date

Part B: Work Area & Vehicle Specific Training

- Information on the employee's work area, and the specific assigned vehicle
- Location within the work area
- Specific hazards of the work area, and the specific assigned vehicle
- Safe driving, handling, and operating procedures
- How to obtain and use appropriate protective equipment and first aid
- Familiarity with basic vehicle maintenance & inspection

Instructor Name(s)(Print)

Date

Employee Name(Print)

Employee Department

*Employee Signature

Date

***The employee/student is responsible for ensuring that this completed form is given to the person within their department or center who is responsible for maintaining personnel records or is responsible for sending the form to the centralized personnel files.**