

Forklift Operation Certification Record

OPERATOR INFORMATION

Operator Name		Employee ID	
Department / Plant		Job Title	
Date of Hire		Contact Number	

FORKLIFT CERTIFICATION DETAILS

Type of Forklift		Model	
Certification Date		Expiration Date	
Certification Provider			

TRAINING & EVALUATION

Training/Evaluation Item	Completion Date	Trainer / Evaluator	Initials
Theoretical Training			
Practical Training			
Performance Evaluation			
Written Test			

Operator Signature:

Date:

Trainer/Evaluator Signature:

Date:

Note: This record should be maintained in accordance with safety and regulatory requirements. Certification is valid as per company policy and relevant safety standards.