

# 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.