

# Forklift Operator Certification Training Record

## Operator Information

Name	
Employee ID	
Department	
Job Title	

## Forklift Equipment Trained On

Make / Model	Type (Class)	Serial Number

## Training Details

Date of Training	
Trainer Name	
Evaluation Completed	Yes    No

## Training Topics Covered

Topic	Completed
Pre-operation Inspection	
Safe Operation Procedures	
Load Handling & Stability	
Refueling / Recharging	
PPE and Site Rules	
Other:	

## Certification Statement

I hereby certify that the above-named employee has completed forklift operator training, including a practical demonstration of competence, according to OSHA standard 29 CFR 1910.178.

Trainer's Signature

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Printed Name

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Operator's Signature

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Printed Name

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Date

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