

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

Printed Name

Operator's Signature

Printed Name

Date
