



Training Package

Performance Test: Permitted Equipment

Operator's Name: _____ ID #: _____

Evaluator: Please rate each skill listed below, designating pass or fail to each skill, on how well they can operate and show familiarity with the equipment. If the skill does not apply to the specific equipment, note that on the rating line, i.e., N/A (not applicable).

Pass/Fail	Skill
	1. Successfully performed the Daily Check-Off, and reported any defects for repair before operating.
	2. Demonstrated General Safe Operating Rules: No passengers, control of speed, yield to pedestrians.
	3. Arms and legs kept inside the equipment and not in uprights of the mast.
	4. Proper parking: including lowering the forks, setting the brake and wheel chocking on inclines.
	5. Demonstrated proper loading of trucks and trailers, as applicable.
	6. Surveyed a Clear Path of Travel.
	7. Inspected bridge plates and dock boards.
	8. Safe turns, starts and stops.
	9. Report all accidents involving injury or property damage.
	10. Maintaining clear access to aisles, stairways and fire equipment.
	11. Proper fueling: engine off, avoid spilling fuel.
	Operation on Public Roads:
	12. Follow local traffic rules.
	13. Safe following distance; 3 vehicle lengths.
	14. Railroad crossing on the diagonal.
	15. Slow down at intersections.
	16. Clear view of the direction of travel.
	17. Proper operation on ascending and descending grades.
	18. Avoid load shifting.
	19. No horseplay.
	20. If entering elevators, follow posted signage for weight capacity.
	21. Avoid running over loose objects.

Evaluator Signature _____ Date _____

Return completed form to: EHS-PermitEquip@umich.edu