



# Forklift Operator Certification Verification Checklist

## Employee Information

Verify employee details and associate the certification to the correct individual.

### Employee Full Name

### Employee ID

### Date of Hire

### Department

- ☐ Warehouse
- ☐ Shipping & Receiving
- ☐ Production

### Job Title

- ☐ Forklift Operator
- ☐ Material Handler
- ☐ Warehouse Associate


### Copy of Employee ID (Optional)

 Upload File

## Certification Document Review

Examine the physical or digital certification to confirm validity and completeness.

### Upload Forklift Certification Document (PDF, JPG, PNG)

 Upload File

### Certification Issue Date

Enter date...

### Certification Expiration Date

Enter date...

### Certification Type (e.g., Classroom, Online, Hybrid)

- ☐ Classroom
- ☐ Online
- ☐ Hybrid

**Certification Provider**

**Certification Number/ID**

Write something...

**Notes/Observations (e.g., any discrepancies noted)**

Write something...

## Certification Details Verification

Confirm the certification's issue date, expiration date, training provider, and forklift type(s) covered.

**Certification Issue Date**

Enter date...

**Certification Expiration Date**

Enter date...

**Training Provider Name**

Write something...

### Forklift Type(s) Covered (Select All that Apply)

- ☐ Counterbalance
- ☐ Reach Truck
- ☐ Pallet Jack
- ☐ Side Loader
- ☐ Order Picker
- ☐ Rough Terrain

### Certification Number/ID

Write something...

### Certification Level (if applicable)

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced

### Rated Load Capacity (lbs/kg) - as per Certification

Enter a number...

## Training Record Validation

Review supporting documentation like training records or certificates of completion from the training provider.

### Upload Training Record/Certificate of Completion

 Upload File

### Training Completion Date

Enter date...

### Training Provider Name and Contact Information

Write something...

### Training Type (e.g., Classroom, Online, Hybrid)

- ☐ Classroom
- ☐ Online
- ☐ Hybrid

### Training Hours Completed

Enter a number...

### Brief Summary of Training Content (if available)

Write something...

### Trainer Name (if available)

## Equipment Authorization

Ensure the certification covers the specific forklift models the employee is authorized to operate.

### Forklift Types Authorized

- ☐ Counterbalance Forklift
- ☐ Reach Truck
- ☐ Pallet Jack (Electric)
- ☐ Order Picker
- ☐ Side Loader
- ☐ Rough Terrain Forklift

### Manufacturer(s) Approved

- ☐ Toyota
- ☐ Caterpillar
- ☐ Hyster
- ☐ Crown
- ☐ Yale
- ☐ Other (Specify)

### Specific Model Numbers Authorized (if applicable)

Write something...

### Authorization Valid for All Site Locations?

- ☐ Yes
- ☐ No - See Location Restrictions Below

### Location Restrictions (if applicable)

Write something...

### Maximum Load Capacity Authorized (in lbs/kg)

Enter a number...

## Recertification Status

Check if recertification is due and confirm completion of any required refresher training.

### Original Certification Expiration Date

Enter date...

### Recertification Due Date

Enter date...

### Recertification Completion Date (if applicable)

Enter date...

### Recertification Required?

☐ Yes

☐ No

### Recertification Method

☐ Classroom


☐ Online

☐ On-the-Job Training

### Notes on Recertification (e.g., details on refresher training)

Write something...

### Upload Recertification Documentation (e.g., certificate, online completion report)

 Upload File

## Recordkeeping & Documentation

Verify proper recordkeeping of the certification and verification process for audit purposes.

### Verification Date

Enter date...

### Verifier Name

Write something...

### Verifier Title/Position


Write something...

### Verification Notes/Comments

Write something...



**Upload of Certification Copy (if digital copy not readily available)**

 Upload File

**Record Location (Physical or Digital)**

- ☐ Physical File - Location Specified
- ☐ Digital Folder - Path Specified

**Certification ID/Tracking Number (if applicable)**

Enter a number...

**Next Review/Verification Date**

Enter date...