

Forklift Operator Certification Verification Checklist

Employee Information

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

Employee Full Name	
Write something	
Employee ID	
Enter a number	
Date of Hire	
Enter date	
Department	
Warehouse	
Shipping & Receiving	
Production	

Job Title Forklift Operator Material Handler Warehouse Associate
Copy of Employee ID (Optional) L Upload File
Certification Document Review Examine the physical or digital certification to confirm validity and completeness.
Upload Forklift Certification Document (PDF, JPG, PNG) L Upload File
Certification Issue Date Enter date
Certification Expiration Date
Enter date
Certification Type (e.g., Classroom, Online, Hybrid) Classroom Online Hybrid

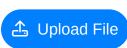
Certification Provider	
Certification Number/ID	
Write something	
Notes/Observations (e.g., any discrepancies r	noted)
Write something	
ertification Details Verificat	ion
onfirm the certification's issue date, expiration date	
onfirm the certification's issue date, expiration date vered.	
onfirm the certification's issue date, expiration date vered.	
onfirm the certification's issue date, expiration date vered. Certification Issue Date Enter date	
onfirm the certification's issue date, expiration date vered. Certification Issue Date Enter date	
Certification Issue Date Enter date Certification Expiration Date	

t Type(s) Covered (Select All that Apply) nterbalance
ch Truck
et Jack
Loader
er Picker
gh Terrain
jii leilaili
cation Number/ID
something
cation Level (if applicable)
nner
mediate
anced
Load Capacity (lbs/kg) - as per Certification
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



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

Enter a number	
Recertification Status	
heck if recertification is due and confirm completion of any required ref	resher 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	

Write something	
Upload Recertification Documentation (e.g., certificate, online report) Upload File	completion
ecordkeeping & Documentation rify proper recordkeeping of the certification and verification proces	ss for audit purpose
Verification Date	
Enter date	
Verifier Name	
Write something	
Verifier Title/Position	
Write something	
Verification Notes/Comments	

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