

# Forklift Operator Competency Assessment

Competency Assessment Criteria (Going from 'Work Ready' to 'Work Capable')

Worker	Assessor
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**MINIMUM PREREQUISITE UNIT STANDARDS**

10851 Operate a powered industrial lift truck fitted with forks (forklift)	
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**PLANNING AND PREPARATION**

I implemented control measures as identified on the WSSP, prior to and whilst operating the forklift.	
I completed pre-operational checks on the forklift as per the manufacturer's recommendations.	
I maintained continuous visual monitoring of the conditions and environment within a confined space.	


**FORKLIFT OPERATIONS**

I ensured the load capacity including the load centre were within the limits of the forklift, by consulting the vehicle's load capacity chart.	
I set the width of the forks appropriate to the load being lifted to optimise stability.	
I ensured the load's centre of gravity was within the safe triangle of stability.	
I secured myself to the driver's seat by the seat belt (when fitted), when operating the forklift.	
I carried the load as low as practical to the ground, to maintain stability.	
I ensured I had a clear field of vision when travelling with the load either by driving forward with low loads or for taller loads, travelling in reverse.	
I always maintained a safe speed considering all conditions, performed all turning manoeuvres at slow speed and kept a safe distance between vehicles.	
I reversed down ramps / gradients and drove forward up ramps / gradients when carrying a load, to ensure the load is facing the ramp.	
I ensured I only operated I/C powered forklifts in well ventilated environments.	
I applied the handbrake when picking up or setting down a load and whenever I dismounted from the forklift.	
I ensured when parking the forklift, the fork tips were lowered to the ground, the handbrake was applied, and the engine was turned off.	
I immediately reported any defects or required repairs (as applicable).	


**STATEMENT OF ASSESSMENT** (Assessor must be 'Work Capable' for this specific Competency and takes responsibility for determining if the Worker is 'Work Capable')

<b>Worker Name:</b>		<b>Worker Signature:</b>		<b>Date:</b>	
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A signature by the worker indicates they have undertaken the corresponding actions as indicated by ticks in the 'Worker' column

<b>Assessor Name:</b>		<b>Assessor Signature:</b>		<b>Date:</b>	
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A signature by the Assessor indicates their verification of the Worker actions by ticks in the 'Assessor' column