

# **A. M. Davis Inc.** Lift Equipment Operator Questionnaire

In order to maintain OSHA compliance and create a safe work environment, we want to gauge your familiarity with each piece of lift equipment you have operated and determine if additional training is required.

**Please list those that you have operated and approximately the number of months experience you have with each.**

<b>Equipment Type</b>	<b>Months Experience</b>	<b>Equipment Type</b>	<b>Months Experience</b>
<input type="checkbox"/> Sit-down counterbalance electric forklift	_____	<input type="checkbox"/> Sit-down counterbalance IC forklift	_____
<input type="checkbox"/> Sit-down counterbalance 3-wheel electric forklift	_____	<input type="checkbox"/> Sit-down counterbalance gas forklift	_____
<input type="checkbox"/> Sit-down counterbalance diesel forklift	_____	<input type="checkbox"/> Stand-up counterbalance electric forklift	_____
<input type="checkbox"/> Stand-up counterbalance electric forklift	_____	<input type="checkbox"/> Electric reach truck	_____
<input type="checkbox"/> Electric order picker	_____	<input type="checkbox"/> Electric walkie stacker	_____
<input type="checkbox"/> Electric straddle stacker	_____	<input type="checkbox"/> Electric pallet jack	_____
<input type="checkbox"/> Electric walkie rider pallet jack	_____	<input type="checkbox"/> Electric counterbalance walkie pallet jack	_____
<input type="checkbox"/> Electric walkie reach pallet jack	_____	<input type="checkbox"/> Electric tugger rider	_____
<input type="checkbox"/> Narrow-aisle sit-down counterbalance forklift	_____	<input type="checkbox"/> Articulating sit-down rider forklift	_____
<input type="checkbox"/> High-capacity sit-down counterbalance forklift	_____	<input type="checkbox"/> Truck-mount counterbalance forklift	_____
<input type="checkbox"/> Scissor type aerial lift	_____	<input type="checkbox"/> Boom type aerial lift	_____
<input type="checkbox"/> Other (list) _____	_____	<input type="checkbox"/> Other (list) _____	_____

**Please list the brands of forklifts you have operated**

<input type="checkbox"/> TCM (Uni-Carriers)	<input type="checkbox"/> Doosan	<input type="checkbox"/> Komatsu	<input type="checkbox"/> Princeton	<input type="checkbox"/> Aichi
<input type="checkbox"/> Nissan (Uni-Carriers)	<input type="checkbox"/> Mitsubishi	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Drexel	<input type="checkbox"/> Other _____
<input type="checkbox"/> Linde	<input type="checkbox"/> Yale	<input type="checkbox"/> Caterpillar	<input type="checkbox"/> Bendi	<input type="checkbox"/> Other _____
<input type="checkbox"/> Clark	<input type="checkbox"/> Hyster	<input type="checkbox"/> Combi-lift	<input type="checkbox"/> JLG	<input type="checkbox"/> Other _____
<input type="checkbox"/> Toyota	<input type="checkbox"/> Crown	<input type="checkbox"/> Sellick	<input type="checkbox"/> Genie	<input type="checkbox"/> Other _____

**Please list the types of conditions you are used to operating lift equipment in**

Smooth floors (warehouse)  
  Paved surfaces (outdoors)  
  Concrete surface (outdoors)  
  Other (list) \_\_\_\_\_  
 Graded surfaces  
  Gravel surfaces (outdoors)  
  Mixed surfaces (outdoors)  
  Other (list) \_\_\_\_\_

When was the last time you received lift equipment operator training (classroom training, theory safety)? \_\_\_\_\_

Have you received "hands-on" training and evaluation on all the equipment you have listed previously? \_\_\_\_\_

If you answered "no" to the above, please list each type equipment for which you have you not received "hands-on" training and evaluation:

\_\_\_\_\_

Have you ever had an accident that involved your lift equipment? Y / N If you answered "yes" please describe what happened below:

\_\_\_\_\_

\_\_\_\_\_

After the incident, did you receive "refresher training?" Y / N    Approximate Date of Refresher Training: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_