



Forklift Operator Competency Assessment

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

Worker
Assessor

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 manufacturers recommendations

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 drivers 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 maneuvers 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 Endorsement

Worker **Name** _____ **Signature** _____ **Date** _____

A signature by the worker indicates they have undertaken the corresponding actions as indicated by ticks in the 'Worker' column

Assessor **Name** _____ **Signature** _____ **Date** _____

A signature by the Assessor indicates their verification of the Worker actions by ticks in the 'Assessor' column

Note: The Assessor must be 'Work Capable' for this specific Competency and takes responsibility for determining if the Worker is 'Work Capable'

Evidence supporting this assessment should be attached and may include: work control documents, permits, photos, videos, drawings etc ...