



Mercedes-Benz

Powered Industrial Vehicle Evaluation Form

Course Code: SAFFAF

Must be COMPLETED and RETURNED to AIDT Within 30 Days of Training

Plant 1 Dept. Paint Material Handling Eng/Maint Battery Plant
2 Body Service & Parts SCSi
MLC SQO Assembly Onin Other _____

Operator's Name _____ Badge Number _____

Date of Initial Training/Instructor _____ Date of Evaluation _____ Date of eLearning _____

Evaluator _____
Print Name _____ Badge Number _____ Signature _____

Equipment Type Electric Motor Rise Pallet Jack (Class III, Lift Code 6)
Electric Sit-down forklifts (Class I – Lift Code 5) Electric Standup-Reach forklifts (Class II – Lift Code 3)
Electric Standup tuggers (Class III–Lift Code 3) Electric Order Pickers (Class II – Lift Code 2)
Electric Standup forklifts (Class I – Lift code 1) Internal Combustion (IC) / Propane Sit-down forklifts (Class IV – Lift Code 3)

Audit Checklist	PASS	FAIL	N/A
1. Operator has license in possession			
2. Daily Inspection			
Visual Check – (ALL) -Function Check (ALL)			
3. Power Source			
Tow Motor = charge battery -Forklift=Charge/Change tank			
4. Driving Observation			
Wears proper ear and/or eye protection (ALL)			
Knows how to report vehicle problems, repairs (ALL)			
Gets off vehicle after it completely stops (T)			
Starts and stops smoothly and does not bump into objects (ALL)			
Stacking correctly (F-S-P-J)			
Travels with forks low (2-4 inches off ground), tilt used correctly (F-S)			
Turns slowly and properly (ALL)			
Observes safe operating speed (ALL)			
Slows at corners/intersections and on wet/slippery floors (ALL)			
Stops at stop signs (ALL)			
Sounds horn at all blind corners/intersections (ALL)			
Yields right of way to pedestrians and emergency vehicles (ALL)			
Travels in reverse when needed and blows horn (F-T-S)			
No riders on any part of the truck (F-S-P-J)			
Approaches load properly (ALL)			
Secures load & checks load weight with data plate (ALL)			
Performs proper loading and unloading (ALL)			
Performs proper procedures when using attachments (ALL)			
5. Safety Observation: Visual Check	PASS	FAIL	N/A
Looks in direction of travel (ALL)			
Keeps hands/feet & all body parts in operator's compartment (ALL)			
Looks over shoulders before backing up (ALL)			
Gets on & off correctly (F-T-S)			
Wears seatbelt or harness and lanyard (All Forklifts)			
Doesn't raise/lower load while moving (F-S)			

Initial Evaluation (**TRAINING REQUIRED**) Refresher Training Non-Routine Training (*Post Accident*)
I have completed **One Full Day** of hands-on training w/licensed operator and solo operation under the direction of a licensed operator on (date) _____.

Operator signature: _____ Date: _____ Operator Name (PRINT): _____

Badge to be sent to: (Dept.) _____ (Manager) _____

Sent to Dennis Adams for clarification

Completed form **must be faxed or emailed to AIDT within 30 days of the classroom or eLearning training date.** Fax to 507-2299 or Scan and email to 138_aidt-forms-inbox@mercedes-benz.com. Questions? 507-2200.

Badge Sent by _____
Initial/Date _____

AIDT USE Only
PeopleSoft Initial/Date _____
PeopleSoft Session # _____

