

CERTIFICATION OF TRAINING AND/OR EVALUATION
UNL Forklift/Powered Industrial Truck (PIT) Program
Form EHS-FL-02 (1/08)

Operator's Name: _____ Employee NU ID#: _____

Department: _____ Supervisor: _____

Date of Training/Evaluation: _____ Location: _____

Instructor Name: _____

Assigned Work Area: _____

Type of Truck Trained and Authorized to Use: _____

Check reason for, or type of training/evaluation:

- _____ Initial training, formal instruction (lecture)
- _____ Initial training, hands-on (practical)
- _____ Evaluation following initial training (driving test)
- _____ Re-training due to change in work area
- _____ Re-training due to different truck
- _____ Re-training due to evaluation results or unsafe operation
- _____ Evaluation following re-training
- _____ Routine evaluation (required at least every three years)

The supervisor maintains copies of the written test, and/or evaluation and performance forms.

Comments: _____

