



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

Plant 1 Dept. Paint Material Handling Eng/Maint Nexeo Other
2 Body Service & Parts SCSI ABM
MLC SQO Assembly NAOS Maclellan

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)

Table with 4 columns: Audit Checklist, PASS, FAIL, N/A. Rows include sections like '1. Operator has license in possession', '2. Daily Inspection', '3. Power Source', '4. Driving Observation', and '5. Safety Observation: Visual Check'.

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

Badge Sent by _____ Initial/Date _____

AIDT USE Only

PeopleSoft Initial/Date _____
PeopleSoft Session # _____

