



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)

Audit Checklist table with columns: Audit Checklist, PASS, FAIL, N/A. Rows include: 1. Operator has license in possession, 2. Daily Inspection, 3. Power Source, 4. Driving Observation, 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

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 # \_\_\_\_\_

