

Departmental Lift Truck Safety Procedure Form

Operations Supervisors - Complete this form for each lift truck in the department.

A. Department and Lift Truck Identification

Dept.: _____ Location: _____

Make/Model: _____

Serial No.: _____ Date of Manufacture: _____

B. Lift Truck Capacity, Attachments and Limitations

Lift capacity: _____

Attachments: _____

Power source: _____

C. Safe Operating Procedures

Battery charging station is located _____

Propane tank storage is located _____

The list of authorized users will be posted:

Adjacent to lift truck charging station

Adjacent to lift truck parking area

Other: _____

A copy of the Manufacturer's User Manual is kept:

Adjacent to lift truck charging station

Adjacent to lift truck parking area

Other: _____

Keys will be controlled and stored _____ between uses.

D. Workplace Hazards (check all that apply)

- | | | |
|--------------------|-------------------|--------------------------------------|
| Vehicular traffic | Soft terrain | Work in Truck Bed / raised tailgates |
| Pedestrian traffic | Ditches | Work Near Edges or floor openings |
| Blind corners | Steep slopes | Unstable loads (describe) |
| Narrow pathways | Inclement weather | Other |
| Rough terrain | Noise | |
| Shifting terrain | Loading Docks | |

E. Facility and Environment Lift Truck is Not Permitted

F. Authorized Operators

All lift truck operators are trained according to University of Guelph's Policy & Program requirements, meeting MOL Guidelines and CSA Standards.

Lift truck operators will retrain on theory, not exceeding three (3) years and undergo practical skills evaluations, every eighteen (18) months, at a minimum. Practical assessments will be conducted by _____ for this Department.

Training records will be maintained by the operations supervisor and provided to EHS.

Operator checklists are provided by the operations supervisor and completed prior to each day's use. Completed checklists are kept _____. (Check lists available from EHS).

Authorized Operators:

G. Preventative Maintenance Arrangements

Annual testing arrangements are made by _____

PM Records are maintained on file by _____

Service and repair contract is with _____

Review date

Operations Supervisor

CC. **Department Head/ Chair**
EHS