Departmental Lift Truck Program

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:
O adjacent to lift truck charging station   O adjacent to lift truck parking area
O other: _____________________________

A copy of the Manufacturer’s User Manual is kept:
O adjacent to lift truck charging station   O adjacent to lift truck parking area
O other: _____________________________

Keys will be controlled and stored _________________________________between uses.

D. Workplace Hazards (check all that apply)

O Vehicular traffic   O Pedestrian traffic   O Blind corners   O Narrow pathways
O Rough terrain   O Shifting terrain   O Soft terrain   O Ditches
O Steep slopes   O Inclement weather   O Noise
O Unstable loads (describe) _____________________________ O Other ____________________

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