A. Workplace Hazards
________________________________________________________________
________________________________________________________________

B. Training, Testing and Certification

Lift truck operators will be trained to meet the Ministry of Labour standards as outlined in the Industrial Regulation 851, sections 45, 46, 52-54, 56, 59-60 prior to operating the ______________ lift truck.

Lift truck operators will retrain as recommended in the CSA Safety Standard for Lift Truck B335-04 at intervals not exceeding three (3) years. In addition, eighteen months after training or retraining, each lift truck operator shall undergo practical skills evaluations, which will be conducted by ____________________ for this Department.

The list of authorized operators will be posted__________________ and training records will be maintained by the operations supervisor.

Operator check lists will be completed prior to each day’s use and will be kept ____________________. (Check lists available from ________________).

C. Preventative Maintenance Arrangements

Annual testing arrangements

Records maintained_____________________________________________________
Service and repair contracts______________________________________________

D. Lift Truck Capacity and Limitations

(Make/Model)_________________________________________(Serial No.)________

(Lift capacity)____________________________________________________

(attachments)_______________________________________________________

(power source)______________________________________________________
E. Safe Operating Procedures

A copy of the forklift truck SOP will be stored adjacent to the forklift charging station, with the a list of authorized users and a copy of the Manufacturer’s User Manual. (For propane models ____________________________). An additional copy of the Manufacturer’s User Manual will be kept __________________________.

Only authorized forklift truck operators will have access to the keys to the forklift. Keys will be stored __________________________ between uses.

F. Facility and Environment Permitted / Not Permitted

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

G. Authorized Operators

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Review date: Operations Supervisor

cc. Joint Health and Safety Committee
    Department Head/ Chair
    EHS