

# Competency Schedule – Forklift Operator/Loader

Employee Name:			
Location:		Position:	

Competency	Review		Comments	Date of Training	Post Training	
	C	NYC			C	NYC
<b>Generic Competencies</b>						
Employment induction	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Diversity training	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Chain of responsibility training	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
WHS training	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Hazard identification	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
SWMS	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
First aid certificate	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
WHS committee membership	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Role Competencies</b>						
Daily forklift inspection	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Report faults	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Verify weights of items	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Assess stability of forklift load	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Operate safely	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Abide by depot traffic rules	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Observe mass/dimension/restraint requirements	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Correct load arrangement	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

including ADG segregation	<input type="checkbox"/>					
Apply restraints	<input type="checkbox"/>					
Stow dangerous goods correctly	<input type="checkbox"/>					
Apply placards (ADG)	<input type="checkbox"/>					

Special training requirements:	
Licence Number:	
Expiry Date:	

Supervisor:

Date:

Signature:

Employee:

Date:

Signature: