

function — of beauty

Powered Industrial Truck (PIT) Operator Certification Sheet

Employee Name

_____ Hire Date ___/___/___

Name of On the Job Trainer

Date / Signature of OJT for Testing by EHS / Safety Representative

Date ___/___/___ Signature OJT _____

EHS / Safety Department Use Only

Written Test Administered By: _____

Date ___/___/___ Signature EHS _____

Practical Test Administered By: _____

Date ___/___/___ Signature EHS _____

Check All Applicable PITs Employee is Certified to Operate					
<input type="checkbox"/>	Electric Forklift	<input type="checkbox"/>	Electric Pallet Jack	<input type="checkbox"/>	Narrow Aisle Forklift (Stacker)
<input type="checkbox"/>	Other Specify Below				
Is this vehicle permanently owned or located at a Function Inc. Location?					
<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	

Employee Signature of Completion

_____ Date ___/___/___ Certification Expires 3 Years from Indicated Date

Signature of employee certifies PITs qualified vehicles will be operated in accordance with training received and all applicable Function Inc's safety procedures.

All incidents or safety issues related to the use of any PIT must be reported to the employee's supervisor or the EHS / Safety Department before operation.