

Forklift Training Verification

This is to confirm that I (trainer's name) _____

have provided and conducted initial / refresher forklift training as required by company policies & procedures and OSHA regulations. I realize that my failure to conduct employee training according to company policies & procedures and federal safety regulations could subject me to disciplinary actions up to termination of my employment and/or criminal actions that may include fines and/or imprisonment. I understand that as a company designated safety trainer, I am held to a higher degree of responsibility for our company's employees' health and well-being.

Employees trained:

Trainer's Signature _____
Date

Date received in HR- training department: _____

By: _____