



TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

1) Introduction

- a) Standards
- b) Why Training
- c) Refresher Training

2) Interior

- a) Operator's Manual
- b) Capacity Plates & Labels
- c) Cab Floor
- d) Seatbelts
- e) Controls
- f) Brakes

3) Exterior

- a) Chassis & Frame
- b) ROPS/FOPS
- c) Tires
- d) Lights
- e) Mast
- f) Engine Check
- g) Liquid Propane
- h) Gas & Diesel
- i) Batteries
- j) Attachments
- k) Forks
- l) Counterweight
- m) Inspections

4) Stability

- a) Center of Gravity
- b) Stability Pyramid
- c) Dynamic Conditions
- d) Braking



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- e) Slopes
- f) Ground Conditions
- g) Rollover
- h) Attachments

5) Personal Safety

- a) License & Certification
- b) Health
- c) Weather
- d) Ergonomics
- e) Distractions
- f) PPE

6) Know Your Machine

- a) Mounting the Vehicle
- b) Seatbelts
- c) Safe Driving
- d) Load Handling
- e) Batteries
- f) Battery PPE
- g) Mixing Electrolyte
- h) Fuel Types
- i) Critical Lifts
- j) Free Lifts
- k) Transporting Personnel
- l) Work Platforms

7) Know Your Worksite

- a) Pedestrians
- b) Struck-By Accidents
- c) Falling Load
- d) Surroundings
- e) Ramps & Trailers
- f) Parking
- g) Attended Parking
- h) Unattended Parking

8) Conclusion