Telehandler Operator
Verification of Training and Evaluation
In Accordance with OSHA 1910.178(l)(6)

Please type or print neatly.

Operator Information

First Name	Middle Initial	Last Name
CCO ID		

Telehandler Training

Date(s) of Training	Trainer Name
☐ I attest that the training conducted consisted of formal instruction (e.g., lecture, discussion, interactive computer learning, video tape, written material) and practical training (demonstrations performed by the trainer and practical exercises performed by the trainee).'	
Signature	Date

Evaluation

Date of Written Exam	Date of Practical Exam
☐ I attest that the operator passed the CCO written and practical assessments, demonstrating satisfaction of the requirements to meet the operator's performance in the workplace to operate Telehandlers.	
Signature	Date

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