

MATERIAL HANDLING

Driver's name Driver social security number

Truck A				Truck D	
<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> D1	<input type="checkbox"/> D2
Powered pallet order-picking truck Operator lift ≤ 1.20 m	Powered pedestrian pallet stacker with or without operator's platform	Rider-seated low lift truck, standing or sitting. Lift height ≤ 0.2 m	Powered pallet truck with or without operator's platform. Lift height ≤ 0.2 m	Tractor/platform truck	Terminal truck
Truck B					
<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> B4	<input type="checkbox"/> B5	<input type="checkbox"/> B6
Counterbalance truck	High lift driver-controlled truck. Standing or sitting	Reach truck	High-lift order-picking truck. Lift height over 1.2 m	Narrow aisle trucks	Multidirectional truck
Truck C					
<input type="checkbox"/> C2	<input type="checkbox"/> C3a	<input type="checkbox"/> C3b	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C7
Wheeled loader	Container truck	Timber truck	Side loader	Straddle truck	Telescopic loader
Cranes					
<input type="checkbox"/> A.	<input type="checkbox"/> B.	<input type="checkbox"/> C.	<input type="checkbox"/> D.	<input type="checkbox"/> E.	<input type="checkbox"/> F.
Traverse	Portal	Half portal	Console	Wall jib/Column jib	Light lift
Lifts			Other machines		
<input type="checkbox"/> 1A	<input type="checkbox"/> 3A	<input type="checkbox"/> 1B	<input type="checkbox"/> 3B	<input type="checkbox"/>	<input type="checkbox"/>
				 Other machine
Scissor lift with support arms, column lift with support arms	Self-propelled scissor lift, self-propelled column lift	Boom lift with support arms mounted on trailer, vehicle or tracked lift	Self-propelled boom lift, knuckle boom lift	Cleaning machine	Other machine
Local rules			Training date		
The undersigned driver has received, read and understands the local safety rules and driver instructions applicable within the company			<input type="checkbox"/>	Truck	
Driver has training and has received the necessary instructions for using fall prevention equipment			<input type="checkbox"/>	Crane	
				Lift	
				Other	
Terms and scope					
Permit valid with the following terms/limits.....					
Applies within area.....					
and for the following tasks.....					
This permit applies indefinitely from the date below but can be revoked with immediate effect.					
Location.....			Date:		
Employer's representative					
Driver's name					
Original retained by us					Driver's copy