

FORKLIFTS OF MINNESOTA, INC.



PO Box 20028 • 501 West 78th St • Bloomington, MN 55420
(952) 887-5400 • FAX (952) 881-3030 • www.forkliftsofmn.com

"Since 1949"



Industrial Trucks • Sales • Service • Parts • Rental

CUSTOMER NOTICE OF OSHA TRAIN THE FORKLIFT TRAINER REGULATIONS (TRAIN THE TRAINER OPERATOR SAFETY WORKSHOP)

You have requested enrollment of one or more of your employees in an upcoming "Train the Forklift Operator Trainer" program offered by Forklifts of Minnesota, Inc.

This is a two-day workshop covering both the basic forklift operator formal classroom instruction and written testing. The successful completion of the entire two-day workshop will result in our certification of your trainer employee as an OSHA qualified person who has knowledge, training and experience to train powered industrial truck operators and evaluate their competence.

OSHA Operator Certification, De-Certification & Re-Certification

Training must be specific to equipment, environment and operator under OSHA regulations. Classroom and "On Site" Environment Training Certification is required. **Once certification has occurred, any change in equipment, environment or operator physical or mental capacity from that which was specifically trained and tested causes immediate de-certification to occur and the need for re-certification before the operator can legally perform operator work functions under the changed conditions.** Even if no such condition change occurs, de-certification occurs as a matter of law three years after the prior date of certification causing the need for re-certification. **It is the sole responsibility of the operator's employer to monitor both as to any change of conditions and 3-year expiration.** Forklifts of Minnesota, Inc. does not assume or undertake any duty to monitor.

(Additional information may be obtained at www.osha.gov and www.doli.state.mn.us/mnosh.html or by calling toll free mnosha at 1-877-470-6742.)

CUSTOMER ACKNOWLEDGEMENT

Receipt of the above Notice of OSHA Forklift Operator Regulations is hereby acknowledged.

NAME & ADDRESS _____
(Customer) _____

Received by: _____ Date _____
Signature Job Title



PRIME-MOVER



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Divisions of FORKLIFTS OF MINNESOTA, INC.

FORKLIFTS OF NORTH DAKOTA

1734 East Main
West Fargo, ND 58078
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