



OPERATOR'S NAME: _____

DATE AUDIT PERFORMED: _____ BADGE #: _____

AUDIT PERFORMED BY: _____

GROUP LEADER: _____ DATE OF TRAINING: _____

CLASSROOM INSTRUCTOR: _____ eLearning (Classroom or eLearning)

AUDIT CHECKLIST	Acceptable	Unacceptable	Not Observe	Not Applicable/Remarks
1. DISPLAYS LICENSE WHERE VISIBLE.				
2. PERFORMS PROPER DAILY INSPECTION				
3. WEARS PROPER EAR AND/OR EYE PROTECTION				
4. WEARS SEATBELT OR SAFETY BELT				
5. LOOKS IN THE DIRECTION OF TRAVEL				
6. SECURES LOAD AND CHECKS LOAD WEIGHT WITH TRUCK'S CAPACITY PLATE				
7. KEEPS HANDS, FEET & OTHER BODY PARTS IN OPERATOR'S COMPARTMENT				
8. SOUNDS HORN AT BLIND CORNERS AND INTERSECTIONS				
9. SLOWS DOWN AT CORNERS OR INTERSECTIONS, AND ON WET OR SLIPPERY FLOORS				
10. OPERATES AT SAFE SPEEDS				
11. STARTS AND STOPS SMOOTHLY				
12. TURNS SLOWLY AND PROPERLY				
13. YIELDS RIGHT OF WAY TO PEDESTRIANS AND EMERGENCY VEHICLES				

AIDT Use Only	
PeopleSoft Initial/Date	PeopleSoft Session #





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AUDIT CHECKLIST	Acceptable	Unacceptable	Not Observe	Not Applicable/Remarks
14. NEVER TRANSPORTS PEOPLE ON ANY PART OF THE UNIT				
15. REMOVES OBSTACLES FROM AISLES				
16. TRAVELS AND MANEUVERS PROPERLY (Speed determined by varying conditions)				
17. ATTACHMENT OPERATION (Dollies, carts, tow hitch, etc.)				
18. STAYS CLEAR OF DOCK EDGE OR OTHER DROP-OFFS, I.E. BRIDGEPLATE EDGE				
19. PERFORMS PROPER PROCEDURES FOR LEAVING UNIT UNATTENDED (put in neutral, set parking brake, turn key off).				
20. WEARS APPROPRIATE *PPE WHEN CHARGING OR CHANGING BATTERY (safety glasses, gloves) CHARGES OR CHANGES BATTERY PROPERLY				
21. WEARS APPROPRIATE *PPE WHEN REFUELING LPG TANKS (safety glasses, gloves) AND FILLS TANK PROPERLY				

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Completed form must be faxed or emailed to AIDT within 30 days of the classroom or eLearning training date.
 Fax to 507-2299 or Scan and email to: 138_aidt-forms-inbox@mercedes-benz.com
 For questions, call 507-2200

