

\*\$50 deposit will be required

## **Request for Forklift Pedestrian Safety Training**

(this form MUST be completed & returned before a class can be scheduled)

Company Requesting Training		
Address of Training Site:		
Your Name:	Office Phone: Cell Phone:	Your Email:
Contact Person for this Training Class: (if different)	Office Phone: Cell Phone:	Contact Email:
Number of Students to Attend *NOTE: Minimum of 5 students or \$175	* <u>·</u>	
Type(s) of Forklift(s) used at your facility: (circle all that app	ly)	,
	Stand-up Forklifts	Electric Pallet Jacks
	Other:	
Worksite Operating Conditions	(Circle all that apply):	Ceiling hazards
	Docks	Pedestrian traffic
	Loading/Unloading Trucks	Narrow aisles
	Graded ramps	Visibility issues
	Poor floor condition	<b>Outdoor operation</b>
	Poor housekeeping	Indoor operation
	High traffic doorways	Specialized forks/attachments
	Racking	Other:
Type of Training Video Preferred*:	Video One – "Danger Zone"	This video summarizes the content and portrays the information using basic non-graphic depictions of forklift accidents.
	Video Two — "High Impact"	This video summarizes the content and portrays the information using staged and <i>graphic</i> depictions of forklift accidents.
Preferred Payment Method: Bill my Frontier Account Credit Card* C.O.D.*		

Complete form and return to: safetytraining@frontierforklifts.com or FAX to 281.482.4501

Once this form is completed & returned, you will be contacted for scheduling. Thank You!