

Forklift Pre-Check Inspection



Operator's Name:		Date:	
Unit Number:		Time:	
Meter Reading:		Model:	
Capacity (lbs or kg):		Serial Number:	

This inspection must be made by the lift truck operator daily at the start of each shift

Item	OK	Requires Attention (Comments)
Battery/Oil Check level add if required		
Electrical Connections Check for cuts		
Plugs Check for operation		
Tires Check for tears/gouges/chunks		
Mast/Carriage/Front End Check for damage/adjustments		
Leaks Check for leaks on ground		
Truck Damage Check for dents / signs of abuse		
Operators Compartment Inspection of Cleanliness		
Guages Check for operation / Lights		
Battery check level/State of Charge		
Safety Equipment Check all alarms / beacons		
Steering Check for binding/ Looseness		
Brakes Check parking break/ stop time		
Seatbelt / Lanyard / Harness Must be working properly		
Truck Operation Report any unusual noises		

Operators Signature _____

Please comment on on items that require attention and report them to your supervisor.