

## DAILY FORKLIFT INSPECTION CHECKLIST

FORKLIFT MANUFACTURER:			DATE:	
FORKLIFT MODEL, TYPE, YEAR:			INSPECTED BY:	
LOCATION OF USE:				
Items to be inspected	Satisfactory Condition	Defective Condition	Date Corrected (if defective)	
Tires			_/_/_	
Horn			_/_/_	
Lights			_/_/_	
Battery			_/_/_	
Controls and gear shifts			_/_/_	
Lift system (includes load limit switches, chains, cables, forks, etc.)			_/_/_	
Brake and radiator fluid level			_/_/_	
Hydraulic fluid level			_/_/_	
Hydraulic system			_/_/_	
Fuel system			_/_/_	
Overhead guards (for damage)			_/_/_	
Gauges			_/_/_	
Capacity plates installed			_/_/_	
Operators manual present			_/_/_	
Seatbelt			_/_/_	
Propane tank (Is it locked down in propane powered forklifts?)			_/_/_	
Engine oil level			_/_/_	
Transmission fluid			_/_/_	
Exhaust system			_/_/_	
Is Forklift clean, free of trash, excess oil and grease?			_/_/_	
Will this equipment be operated off of pavement Y or N? If YES, please fill in the details below. If NO, the form is complete.			<div style="text-align: center;">Y (Complete Form)</div>	<div style="text-align: center;">N (Form is complete)</div>
1. Please describe the travel paths for this piece of equipment as well as the projected weight with load. (PLEASE USE THE BACK OF THIS SHEET TO DRAW A MAP OF THE TRAVEL PATHS AND INCLUDE ANY ADDITIONAL STRUCTURES)				
2. Has the path been verified for safe travel for equipment to be used?			<div style="text-align: center;">Y</div>	<div style="text-align: center;">N</div>
3. What was the process for verifying the path for safe travel? PLEASE EXPLAIN: _____				
EXAMPLES: Knowledgeable Staff, Property prints, Outside Source, 811 (call before you dig)				