

FORKLIFT OPERATORS DAILY CHECKLIST

(COMPLETE BEFORE THE START OF EACH SHIFT)

FORKLIFT Make: _____ Model: _____

Location: _____

(Check any defective item with an x and give details)

WALK AROUND

___ STRUCTURE, (cleanliness, physical condition, window, mirrors) _____

___ TIRES, (lug nuts, cuts, gouges, pressure) _____

___ FORKS / BACKREST, (bent, cracked, pins) _____

___ BOOM / MAST, (broken welds, rollers, chains) _____

___ BATTERY (corroded cables, fluid level) _____

___ HYDRAULIC HOSES AND CYLINDERS, (leaks / wear) _____

___ FIRE EXTINGUISHER _____

___ CAPACITY NAME PLATE _____

___ OVERHEAD GUARD, (welds, bolts) _____

___ FLUIDS, (levels, hoses, leaks)

Fuel, Coolant, Hydraulic, Brake, Transmission, _____

CAB / START ENGINE

___ GAUGES, (hour meter, fuel, oil pressure) _____

___ ACCELERATOR, (sticking) _____

___ LIGHTS, (head, tail, warning, back-up) _____

___ SEAT BELT _____

___ HORN _____

___ BACK-UP ALARM _____

___ BRAKES – PARKING AND SERVICE, (holding) _____

___ SWAY CONTROLS / LEVELERS / OUTRIGGERS, (operable) _____

___ HYDRAULIC CONTROLS, (lift, tilt, extend) _____

___ STEERING, (excessive play) _____

___ UNUSUAL NOISE _____

___ OTHER (propane connection / hoses if applicable) _____

Details of problem marked above: _____

FORKLIFT INSPECTION

Month _____ Year _____

Day	Operator	Day	Operator
1	_____	16	_____
2	_____	17	_____
3	_____	18	_____
4	_____	19	_____
5	_____	20	_____
6	_____	21	_____
7	_____	22	_____
8	_____	23	_____
9	_____	24	_____
10	_____	25	_____
11	_____	26	_____
12	_____	27	_____
13	_____	28	_____
14	_____	29	_____
15	_____	30	_____
		31	_____

Any additional comments concerning the operation of the forklift:

Note: Defects found must be repaired prior to use. If equipment fails inspection notify your supervisor immediately. Store this inspection form in the equipment until end of month, and then file in project office. If equipment fails, fill out appropriate repair forms.