



Pre-use Inspection: Forklifts

Operator: PRINT NAME	Date:	Shift:
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Unit Make/Model/No.:

POWER OFF CHECKS	OK	AR	NA	POWER ON CHECKS	OK	AR	NA
1) Wheels/Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Unit starts & runs properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Instruments/System warning indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Fuel/Charge level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Battery:				22) Horn/Audible warning devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cover panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Function controls:			
b) Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Control markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Belts/Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Braking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Battery-Batteries clean/dry/secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Mast/Boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:				f) Carriage/Work attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Frame level controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Accessories/Optional equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Function-enable (deadman) devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Transmission oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Emergency/Auxiliary controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fuel/Battery Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Seatbelt/Operator restraint devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:				26) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods/Pin locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKSITE INSPECTION	OK	AR	NA
7) Capacity plate/Load charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Drop-offs or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Windows/Screens/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Bumps & floor/Ground obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Overhead guard/Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Debris/Slippery floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Mast/Boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Overhead obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Carriage/Work attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Electrical conductors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Counterweight/Counterweight bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Hazardous locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Manufacturer's operation manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Decals/Plates/Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Ground/Surface & support conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) OEM/Approved options/accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Pedestrian/Vehicle traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Personal protective equipment (as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Other possible hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.

NOTES

ADDITIONAL INSPECTIONS		
Operator	Confirm	Notes
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	
PRINT NAME	Yes / No	