



Forklift Pre-use Inspection Checklist													
Operator:					Make & Model:								
Company:					Hour Meter Reading:								
Location:					Date: MM/DD/YYYY			Unit No.:					
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels/Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) 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"/>	16) 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"/>	17) Fuel/Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Battery:							18) 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"/>	19) Function controls:						
b) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Drive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Steering				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Braking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Wires/Cables/Terminals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Mast/Carriage				<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) Lifting attachment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fluids:							f) Frame level controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Accessories/Optional equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Function-enable (deadman) devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Emergency/Auxiliary controls				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Transmission oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Seatbelt/PFPS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fuel/Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							GENERAL				OK	NO	N/A
a) Cylinders/Rods/Pin locks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Manufacturer's operating manual				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Capacity plate/Load charts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Decals/Signs/Control markings/Inspection notices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Windows/Screens/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Overhead guard/Cab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
10) Mast/Boom				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Carriage & lifting/Work attachment(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Bumps & floor/Ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Counterweight/Counterweight bolts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Debris/Slippery floors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Fire extinguisher(s)/Suppression system				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Electrical conductors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							33) Slopes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Ground/Surface & support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Pedestrian/Vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.													
COMMENTS													
Additional inspections by (PRINT NAME):													