Forklift Daily Inspection Checklist

LIFT #:	Company Name:								
Job #:	Week	Beginn	ing:	Week Ending:					
The designated inspector will place a (\checkmark) in the appropriate box when an item passes inspection. Leave the box empty and underline item identified as deficient and note a brief description of problem. Immediately notify management of all deficiencies.									
Operating Controls (Operation)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed	
Parking/Service Brakes									
Operating Levers/Controls									
Gauges/Instruments									
Foot Controls									
Mast/Forks									
*Hydraulic Lines/Cylinders (leaks)									
Cylinders/Chain									
Pivot Pins									
Load Backrest/Forks									
Vert. Mast Sliding & Rolling Parts									
Machine Base			_						
Broken/Cracked or Loose Parts									
Overhead Guard									
Head/Tail Lights									
Seat Belt									
Tires/Wheels: Pressure/Wear									
Damage/Lug Nuts									
Required Warning Stickers/Load Charts/Operator's Manual									
Back Up Alarm/Horn									
Engine Compartment									
Engine/Hydraulic Oil Level									
Fuel Level									
Belts/Hoses/Engine Condition									
Battery/Electrical									
Rough Terrain Forklift				-					
Out Riggers/Carriage									
Frame Level/Angle Indicator									
Addition Notes:									
Signature:	gnature: Date:								