

Forklift Safety Inspection Checklist

DATE/SHIFT _____

OPERATOR _____

VEHICLE NUMBER _____

Instructions: Check (.) each item below as “Satisfactory” or “Unsatisfactory” or “Not Applicable”. **Add any pertinent comments in the space provided for each item** checked “Unsatisfactory.” **Include additional pages of explanation as necessary.**

Condition	Unsat	Sat	N/A	Comment
EQUIPMENT DAMAGE CHECK				
Mast				
Carriage				
Forks				
Seat Belt				
Backrest				
Tyres				
Hydraulic Hoses				
Belts & Pulleys				
Overhead Guard				
Fire Extinguisher				
POWER PLANT				
Battery Connections				
Gas Tank Damage/ Leaks				
Gas Lines/Nozzles/Valves				
All Gauges/Indicators				
Warning Lights				
Operational Lights				
Oil Level				
Coolant Level				
Fuel Level				
Hydraulic Fluid Level				
Starting				
Battery Power				
Lift Operation				
Tilt Operation				
Horn				
Steering				
Parking Brake				
Operational Brake				
GENERAL SAFETY				
Out of service?	Yes	No		
Problems Reported?	Yes	No		

Inspection must be done before each shift or before equipment is used for that day.