



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 device(s)	<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 manuals	<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/Warnings/Placards	<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) Energized power lines	<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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33) Ground/Surface & support conditions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34) Pedestrian/Vehicle traffic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35) Weather conditions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36) 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): _____