



Pre-use Inspection: Forklifts												Submit completed form to your supervisor.		
Operator: PRINT NAME						Date:			Shift:					
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										

NOTE: If the forklift fails any part of this inspection, remove the key, tag out, and report the problem to your supervisor. DO NOT OPERATE.