

FORK LIFT DAILY PRE-USE INSPECTION SHEET

Operator must complete checklist prior to use at start of each shift

Project: _____ **Project#:** _____ **Contractor:** _____

Forklift #: _____ **Hour Meter:** _____ **Worker Name:** _____

Week Ending: _____

Initials			Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
			OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A
Visual Checks			OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A
Tire Condition																
Head/Taillights																
Warning Lights																
Fluid Levels																
Battery																
Battery Plug Condition																
Battery Indicator																
Seatbelts																
Forks																
Mirrors																
Overhead Guard																
Gauges																
Fluid Leaks																
Propane Tank Condition																
Propane Tank Gauge																
Propane Tank Secure																
Operation Checks																
Horn																
Backup Alarm																
Steering																
Service Brake																
Hydraulic Controls																
Hose Reel																
Engine																
Mast																
Attachment																

Comments:
