

Forklift Daily Inspection Checklist

Job Name:		Operator:	
Unit #:		Hour Meter Reading	
Company:		Type of Equipment	

<input type="checkbox"/>	R/T Forklift	<input type="checkbox"/>	W/T Forklift	<input type="checkbox"/>	Boom Truck	<input type="checkbox"/>	Skidsteer
M	T	W	TH	F	S	SN	Date:

Daily Inspection Checklist for Week Beginning _____, 20__	Good	Bad	Comments
1. Engine Compartment: Oil Level, Belts, Pulley Tension, Hoses, Leaks or Damaged Wires	<input type="checkbox"/>	<input type="checkbox"/>	
2. Check Fuel Level: Check for Leaks. Report Leaks immediately	<input type="checkbox"/>	<input type="checkbox"/>	
3. Radiator: Check coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fluid Leaks: Check Oil, Water and Hydraulics for Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
5. Tires: Check for significant damage; explain in comments section	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mast, Carriage, Forks or Attachment Loose or missing bolts, damage, check adjustments	<input type="checkbox"/>	<input type="checkbox"/>	
7. Body Damage: Check for significant damage; explain in comments	<input type="checkbox"/>	<input type="checkbox"/>	
8. Roll Over Protection (ROPS): Check for damage or broken welds	<input type="checkbox"/>	<input type="checkbox"/>	
9. Operators Compartment: Free of Trash, debris and loose rigging	<input type="checkbox"/>	<input type="checkbox"/>	
10. Leveling Device: Gauge in working order	<input type="checkbox"/>	<input type="checkbox"/>	
11. Operator Controls: Functions labels and operate correctly	<input type="checkbox"/>	<input type="checkbox"/>	
12. Gauges: Check all gauges, Report any unusual readings or damage.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Warning Stickers / Load Chart: All are in place and legible	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fire Extinguisher: Filled and inspected	<input type="checkbox"/>	<input type="checkbox"/>	
15. Safety Equipment: Rotating Lights, back up alarms, horn, seat belt are in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Brakes: Check brake pedals for travel. Check parking brake	<input type="checkbox"/>	<input type="checkbox"/>	
17. Lift Operations: Report unusual operation or noise	<input type="checkbox"/>	<input type="checkbox"/>	
Flaggers Required <input type="checkbox"/>	Rigging Inspected: <input type="checkbox"/>		Overhead Obstructions <input type="checkbox"/>
Spotters Being Used <input type="checkbox"/>	Load Chart Available <input type="checkbox"/>		Powerlines or Cables <input type="checkbox"/>
Load Chart for Attachment <input type="checkbox"/>	Ground Conditions <input type="checkbox"/>		