

FORKLIFT OPERATOR'S DAILY CHECK-OFF LIST

FORKLIFT NO. _____ DRIVER'S NAME: _____ DEPT: _____ SHIFT: _____

OPERATOR'S INSTRUCTIONS

- A. Conduct an item-by-item inspection of the forklift and its attachments.
- B. Put a check mark () in "OK" box if the item is functioning.
- C. If an item is not marked "OK" take the forklift to be repaired IMMEDIATELY.
- D. Complete the form, sign it, and date it.

VISUAL/FUNCTIONAL CHECK

	OK	PROBLEM	W.O. #	MAINTENANCE RELEASED BY:
Body Integrity/Damage	()	_____	_____	_____
Tires & Wheels	()	_____	_____	_____
Gages	()	_____	_____	_____
Overhead Guard	()	_____	_____	_____
Load Backrest	()	_____	_____	_____
Leaks (Hoses, Cylinders)	()	_____	_____	_____
Battery/Water, Connections	()	_____	_____	_____
LP Gas Tank, Connections	()	_____	_____	_____
LP Gas Odor Present	()	_____	_____	_____
Horn	()	_____	_____	_____
Back Up Horn	()	_____	_____	_____
Lights	()	_____	_____	_____
Back Up Lights	()	_____	_____	_____
Tilt Control	()	_____	_____	_____
Steering	()	_____	_____	_____
Brakes	()	_____	_____	_____
Parking Brakes	()	_____	_____	_____
Other _____	()	_____	_____	_____
Other _____	()	_____	_____	_____

OPERATOR'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____