

DAILY FORKLIFT INSPECTION CHECKLIST

For recordkeeping purposes, maintain this form on file when inspection has been completed.

| Forklift Manufacturer: | | Date: | |
|--|--------------------------|--------------------------|-------------------------------|
| Forklift Model, Type, Year: | | Inspected By: | |
| Items to be Inspected | Satisfactory Condition | Defective | Date Corrected (if defective) |
| Tires | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Lights | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Battery | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Controls and gear shifts | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Lift system (includes load limit switches, load engagement means, chains, cables, forks, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Brake and radiator fluid level | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Hydraulic system (for leaks) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Fuel system (for leaks) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Overhead guards (for damage) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Gauges | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Capacity plates attached | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Operator's manual present | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Seat belt | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Propane tank (Is it locked down in propane powered forklifts?) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Propane tank free of rust, corrosion or damage | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Engine oil | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Transmission fluid | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Name plates, labels, and markings (in place and maintained in legible condition) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Exhaust system (for sparks, flames) | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |
| Is forklift clean, free of trash, excess oil and grease? | <input type="checkbox"/> | <input type="checkbox"/> | _/_/___ |

| List specific and any additional problems found with the forklift | Date Corrected |
|---|----------------|
| 1. | _/_/___ |
| 2. | _/_/___ |
| 3. | _/_/___ |
| 4. | _/_/___ |
| 5. | _/_/___ |

Work Order Number for Deficiencies: _____