**Company:** _____ **Unit #:** _____

**Date:** _____ **Operator:** _____

**Hour Meter Reading:** _____

Complete this inspection at the start of each shift before operating the forklift. Do not operate if any critical defect is found. Report all deficiencies to your supervisor.

| Inspection Item | Pass | Fail | N/A | Notes |
|---|---|---|---|---|
| Tires - condition and pressure acceptable | ☐ | ☐ | ☐ | |
| Forks - straight, no cracks, pins secure | ☐ | ☐ | ☐ | |
| Mast - chains, rollers and cylinders functional | ☐ | ☐ | ☐ | |
| Hydraulic system - no leaks | ☐ | ☐ | ☐ | |
| Brakes - service and parking operational | ☐ | ☐ | ☐ | |
| Steering - responsive, no excessive play | ☐ | ☐ | ☐ | |
| Horn - operational | ☐ | ☐ | ☐ | |
| Lights - head, tail and warning lights functional | ☐ | ☐ | ☐ | |
| Backup alarm - operational | ☐ | ☐ | ☐ | |
| Seatbelt - functional and accessible | ☐ | ☐ | ☐ | |
| Overhead guard - intact, no damage | ☐ | ☐ | ☐ | |
| Load backrest - secure | ☐ | ☐ | ☐ | |
| Fluid levels - oil, coolant, hydraulic and fuel | ☐ | ☐ | ☐ | |
| Battery - connections tight, fluid level adequate | ☐ | ☐ | ☐ | |
| Fire extinguisher - present and charged | ☐ | ☐ | ☐ | |

Operator Signature: _____ Date: _____

Supervisor Signature (if defects found): _____