



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.	_/_/___

Original completed document to be sent to the Risk Management Department for document retention purposes.