

Forklift Checklist

Date:	<u>Hour Meter</u>
Truck #:	Start:
Operator:	End:
Supervisor:	Total:

Daily Inspection

Complete this form before the start of each shift
 Mark any defections found with an (X)
 Describe any defects in notes
 Inform supervisor

Alarm		Accelerator
Meter		Tires
Steering		Forks
Horn		Lights
Battery		Oil Level
Belts		Oil Pressure
Cables		Oil Leaks
Hoses		Fuel Level
Radiator		Other:

Notes