

FORKLIFT SAFETY INSPECTION CHECKLIST

CAMPUS _____ DATE/SHIFT _____

OPERATOR _____ VEHICLE NUMBER _____

Instructions: Check (✓) each item below as "Satisfactory" or "Unsatisfactory" or "Not Applicable". Add any pertinent comments in the space provided for each item checked "Unsatisfactory." Include additional pages of explanation as necessary.

Condition	N/A	Sat	Unsat	Comment/Location
EQUIPMENT DAMAGE CHECK				
Mast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Belts & Pulleys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POWER PLANT				
Battery Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Tank Damage/Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Lines/Nozzles/Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPERATIONAL CHECK				
All Gauges/Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tilt Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
Should equipment be taken out of service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Problems Reported?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Inspection must be done before each shift or before equipment is used for that day.