



Location/Project: _____ Supervisor's Name: _____

Date: From _____ To _____ Hours: _____

Equipment Type: _____ Equipment Make: _____ Equipment Number: _____

A forklift inspection is required each day at the start of the shift.

P = Pass F= Fail (if fail, do not use equipment remove the key, and report it to your supervisor immediately).

DESCRIPTION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1. Tire's condition							
2. Fork's condition							
3. Mast, Carriage & Attachments condition							
4. Engine oil level							
5. Coolant level							
6. Hydraulic fluid level							
7. Battery							
8. Fluid leaks							
9. Fuel Level							
10. Steering operational							
11. Horn operational							
12. Brakes & Parking Brake operational							
13. Lights & Back Up Alarm operational							
14. Windshield & Windows							
15. Operator's manual onboard							
16. Load Chart onboard							
17. Fire extinguisher onboard							
18. Damaged areas (explain below)							
19. Other							
20. Other							
Inspector's name							

Inspection Comments

Description of Fail	Reason for Fail	Date Reported



FORKLIFT DAILY INSPECTION FORM

Revised 7-1-21

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