

Location/Project: _____



Date: From______ To_____ Hours: _____

FORKLIFT DAILY INSPECTION FORM

_____ Supervisor's Name: _____

Revised 1-1-24

Equipment Type:	Equipment	Equipment Make:			Equipment Number:				
A forklift in	spection is requi	red each day	y at the star	t of the sh	ift.				
P = Pass F= Fail (if fail, <u>do n</u>	ot use equipment	remove the k	ey, and repo	rt it to your	superviso	or immediate	ely).		
DESCRIPTION	MONI	DAY TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
1. Tire condition									
2. Fork condition									
3. Mast, Carriage & Attachments condition									
4. Engine oil level									
5. Coolant level									
6. Hydraulic fluid level									
7. Battery									
3. 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									
	Inspecti	on Comm	ents	L					
Description of Fail	Пореси	Inspection Comments Reason for Fail							
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File: forklift inspection form (weekly) 1-1-24



FORKLIFT DAILY INSPECTION FORM

Revised 7-1-21

Location/Project:	S	_ Supervisor's Name:											
Date: FromTo		H	Hours:										
Equipment Type:	Equipment M	ake:	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 condition													
2. Fork condition													
3. Mast, Carriage & Attachments condition													
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19. Other													
20. Other													
Inspector's name													
Inspection Comments													
Description of Fail	·	Re	Reason for Fail				Reported						

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