

Forklift Inspection Checklist

Forklift ID:			Operator:		
Division/Location:			Date:		

	OK	Faulty		OK	Faulty
Type			Brakes		
Motor, Oil, Water, Fuel	<input type="checkbox"/>	<input type="checkbox"/>	Is the hand brake and foot brake in working order	<input type="checkbox"/>	<input type="checkbox"/>
Electric – Battery Water Level	<input type="checkbox"/>	<input type="checkbox"/>	Steering		
Electric – Battery Secure	<input type="checkbox"/>	<input type="checkbox"/>	Is the steering wheel moving smoothly	<input type="checkbox"/>	<input type="checkbox"/>
Mast			Is there slack/play in the steering wheel	<input type="checkbox"/>	<input type="checkbox"/>
Is the mast damaged?	<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Gas		
Hoses in good order	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Fill Cap in place	<input type="checkbox"/>	<input type="checkbox"/>
Correct up/down operation	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Flash Screen in place	<input type="checkbox"/>	<input type="checkbox"/>
Correct side shift operates	<input type="checkbox"/>	<input type="checkbox"/>	Propane Cylinder Bracket / Locator Pin in place	<input type="checkbox"/>	<input type="checkbox"/>
Correct attachment operates	<input type="checkbox"/>	<input type="checkbox"/>	Chains, Belts		
Tyres			Chains in good order	<input type="checkbox"/>	<input type="checkbox"/>
Are tyres cut, damaged	<input type="checkbox"/>	<input type="checkbox"/>	Belts in good order	<input type="checkbox"/>	<input type="checkbox"/>
Are tyres pumped up to correct pressure	<input type="checkbox"/>	<input type="checkbox"/>	Safety Guards		
Seating			Overhead guard in place and in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Condition of seats – broken or worn	<input type="checkbox"/>	<input type="checkbox"/>	Safety stops and latches in place	<input type="checkbox"/>	<input type="checkbox"/>
Is the seat firmly attached	<input type="checkbox"/>	<input type="checkbox"/>	Forks		
Controls			Condition of tips, even	<input type="checkbox"/>	<input type="checkbox"/>
Are controls clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	Fork positioning latches in place with proper tension	<input type="checkbox"/>	<input type="checkbox"/>
Do controls work properly	<input type="checkbox"/>	<input type="checkbox"/>	Safety Switches and Alarms		

Electric Warning Devices			Neutral Safety switch operating	<input type="checkbox"/>	<input type="checkbox"/>
Is horn working properly	<input type="checkbox"/>	<input type="checkbox"/>	Reversing alarm operating	<input type="checkbox"/>	<input type="checkbox"/>
Is flashing light working correctly	<input type="checkbox"/>	<input type="checkbox"/>	General Condition		
Indicators (if fitted) working properly	<input type="checkbox"/>	<input type="checkbox"/>	Gauges working	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights (if fitted) working properly	<input type="checkbox"/>	<input type="checkbox"/>	Hour metre working	<input type="checkbox"/>	<input type="checkbox"/>
Other lights/wipers working correctly	<input type="checkbox"/>	<input type="checkbox"/>	Engine noise normal	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Fluids			Any noticed fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>
Are hydraulic fluid levels adequate	<input type="checkbox"/>	<input type="checkbox"/>	Any noticed structural damage	<input type="checkbox"/>	<input type="checkbox"/>
Capacity			Operator Manual available	<input type="checkbox"/>	<input type="checkbox"/>
Is the load plate to manufacturers specifications fitted	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Note: If any field is ticked as "Faulty" a Vehicle Repair Request form must be filled in.

Operator's signature:

Supervisor's signature: