

FORKLIFT

Inspection Check list

Plant No: _____ Serial No: _____
 Make: _____ Model: _____
 Company Name: _____ Week Commencing: _____

	D	W	S	S	M	T	W	T	F
Tyre Pressure (if applicable)	X								
Tyre Condition	X								
Hydraulic oil level	X								
Engine coolant	X								
Engine oil level	X								
Transmission oil		X							
Brakes	X								
Brake fluid level		X							
Brake pedal operation	X								
Clutch/inching pedal	X								
Horn	X								
Lights (if fitted)	X								
Drivers head guard	X								
Wheel nuts		X							
Hydraulic tilt and lift levers	X								
Forward & reverse levers	X								
Fuel level	X								
Steering gear operation		X							
Condition of mast		X							
Condition of forks		X							
Condition of chain		X							
Battery terminals		X							
Battery fluid level		X							
Warning beacon	X								
Charger disconnected	X								
Attachments		X							
Contact Details displayed	X								
"Socks"/white wall tyres fitted	X								

Defects: _____

Weekly inspection comments: _____

Manager Signature: _____ Date: _____
 Operator Signature: _____ Date: _____