



**Your Company Name**  
 123 Company Lane - New York, NY 12345  
 Tel. (123) 456-7890 - Fax. (123) 456-7890

**Daily Pre-Operation Forklift Inspection.**  
 To be completed Daily prior to the beginning of shift.

Location \_\_\_\_\_ Week of \_\_\_\_\_ Forklift # \_\_\_\_\_

If any item on this Forklift needs attention, you must immediately inform your supervisor and describe issue on comment section at the bottom of this form. (Use OK to indicate acceptable, Use X to indicate not acceptable, if not acceptable explain in comments section)

Day of Week	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Hour Meter Reading							
Fuel System (Leaks & Fuel Level)							
Engine Oil							
Water Level and Hoses							
Is Battery Secured? (Electric & LP)							
Is Battery Water level OK? (Electric) Check Once Per Week.							
Tires (Visual Check for Wear)							
Lights							
Brakes (Are brakes working properly?)							
Parking Brake (Check for Operation)							
Steering (Is Steering Working Properly)							
Horn, Back Up Alarm?							
Hydraulic Control, Hoses, (Are hydraulics working properly? Leaking Hoses)							
Gauges-Instruments – Data Plate (Clean and Legible)							
Seat Belt (Operable and in working condition)							
Physical Damage (Body, Forks, Mast Etc)							
Missing or Loose Parts (Bolts Guards etc.)							
Cleanliness of Vehicle							
<b>Operator Initials</b>							

**Comments:**