



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

# Forklift Inspection Checklist

**Forklift Model:** \_\_\_\_\_

**Vehicle No.:** \_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Inspect each item. Identify any component with deficiencies by checking the corresponding space. Detail deficiencies and the necessary corrective actions at the bottom of this form. **Do not operate a forklift with safety deficiencies!**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Forks                    | <input type="checkbox"/> 12. Emergency Brake            |
| <input type="checkbox"/> 2. Mast & Mast-guard.       | <input type="checkbox"/> 13. Handholds/Footholds        |
| <input type="checkbox"/> 3. Hydraulic Cylinders      | <input type="checkbox"/> 14. Signs/Labels/Markings      |
| <input type="checkbox"/> 4. Roll Cage                | <input type="checkbox"/> 15. Load Chart                 |
| <input type="checkbox"/> 5. Lights                   | <input type="checkbox"/> 16. Seat/Seat-belt             |
| <input type="checkbox"/> 6. Steering/Steering Wheel  | <input type="checkbox"/> 17. Engine Cover Latches       |
| <input type="checkbox"/> 7. Control Levers and Knobs | <input type="checkbox"/> 18. Tires/Wheels               |
| <input type="checkbox"/> 8. Gauges/Indicators        | <input type="checkbox"/> 20. Fuel Tank/Mounting Bracket |
| <input type="checkbox"/> 9. Backup Alarm             | <input type="checkbox"/> 21. Fuel Hoses and Connections |
| <input type="checkbox"/> 10. Pedals                  | <input type="checkbox"/> 22. Other: _____               |
| <input type="checkbox"/> 11. Brakes                  |   |

## Engine Inspection

Inspect Engine while it is shut off. Be careful of hot areas!

- |   |  |
|---|--|
| <input type="checkbox"/> 23. Radiator       | <input type="checkbox"/> 29. Automatic Shut Off    |
| <input type="checkbox"/> 24. Fan Belts      | <input type="checkbox"/> 30. Electrical Wiring     |
| <input type="checkbox"/> 25. Exhaust System | <input type="checkbox"/> 31. Hydraulic Fluid Level |
| <input type="checkbox"/> 26. Leaks          | <input type="checkbox"/> 32. Fuel Level            |
| <input type="checkbox"/> 27. Air Filter     | <input type="checkbox"/> 33. General Condition     |
| <input type="checkbox"/> 28. Battery        | <input type="checkbox"/> 34. Other: _____          |

**Describe Deficiencies:**

**Corrective Action Required:**

I, the undersigned, do hereby certify that to the best of my knowledge this forklift is in safe operating condition.

**Inspector Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_