



DATE:

FORKLIFT INSPECTION CHECKLIST

Variable Reach and Straight Mast

EQUIP #:	EQUIP TYPE:	HOURS:
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FUEL ODOUR PRESENT?	NO:	YES:	(DO NOT START TRUCK, REPORT IMMEDIATELY)				
CAPACITY PLATE: IN PLACE, READABLE, ATTACHED PLATE. PRESENT IN OPERATORS COMPARTMENT.		MANUAL:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES:</td> <td style="width: 50%;">NO:</td> </tr> <tr> <td>YES:</td> <td>NO:</td> </tr> </table>	YES:	NO:	YES:	NO:
YES:	NO:						
YES:	NO:						

FLUID LEVELS	OK (X)	NEEDS ATTENTION	FLUID LEVELS	OK (X)	NEEDS ATTENTION
FUEL			HYDRAULIC		
ENGINE OIL			TRANS, FLUID		
COOLANT			BRAKE		

CHECK	OK (X)	NEEDS MAINTENANCE / COMMENTS
LEAKS: FUEL, HYD. OIL, ETC.		
TIRES: CONDITION AND PRESSURE		
FORKS / ATTACH.: CONDITION		
HYD. HOSES MAST, ETC.		
CYLINDERS: SHAFT / ATTACH.		
PROPANE TANKS: CONDITION		
OVERHEAD GUARD: CONDITION		
LOAD BACKREST PRESENT		
SEAT BELT: PRESENT / FUNCTIONING		
ENGINE BELTS / AIR CLEANER		
OPERATING (TRUCK RUNNING)		
GAUGES:		
LIGHTS / HORN / WIPERS		
PARKING BRAKE		
SERVICE BRAKE		
STEERING OPERATION		
DRIVE CONTROLS: SMOOTH RIDE		
HOIST AND LOWER CONTROL		
TILT CONTROL		
SIDE SHIFT		
FRAME LEVEL / AXLE LOCK		
ATTACH. CONTROL OPERATION		
FIRE EXTINGUISHER: CHARGED		
ANNUAL INSPECTION		

CER 40002-FIC-FRM (09/15)

GENERAL COMMENTS	
INSPECTED BY:	SIGNATURE