



INSPECTION CHECKLIST

Truck ID# _____ Make _____

Date _____ Shift _____

Hour meter reading: Start: _____ End: _____ Hours for shift _____

Place an O.K. in the correct columns if the item is without defect.

ITEM	Start of Shift	During Shift	End of Shift	Specific comments if not O.K.
Lights				
Tires				
Brakes				
Horn				
Hour meter & gauges				
Steering				
Hydraulic controls				
Mast				
Forks				
Seat Belt (if present)				
Other:				
If applicable:				
Battery				
Charge				
Fuel level				
Oil level & pressure				
Water level				
Fan belt				
Other:				

OVERALL REMARKS: _____

DEFECTS REPORTED TO: _____

OPERATOR'S SIGNATURE: _____

DO NOT OPERATE AN UNSAFE LIFT TRUCK.