

FORKLIFT OPERATOR'S DAILY CHECKLIST

DATE	JOBSITE	
<input type="checkbox"/> INTERNAL COMBUSTION	<input type="checkbox"/> ELECTRIC	HOUR METER START END TOTAL HRS
OPERATOR SIGNATURE		SUPERVISOR SIGNATURE

CHECK DEFECTIVE ITEMS WITH AN "X" AND GIVE DETAILS BELOW

- | | |
|--|---|
| <input type="checkbox"/> ACCELERATOR
<input type="checkbox"/> ALARMS
<input type="checkbox"/> BATTERY CONNECTOR
<input type="checkbox"/> BATTERY - DISCHARGE INDICATOR
<input type="checkbox"/> BELTS
<input type="checkbox"/> BRAKES - PARKING
<input type="checkbox"/> BRAKES - SERVICE
<input type="checkbox"/> CABLES
<input type="checkbox"/> ENGINE OIL LEVEL
<input type="checkbox"/> FORKS
<input type="checkbox"/> FUEL LEVEL
<input type="checkbox"/> GAUGES
<input type="checkbox"/> HORN
<input type="checkbox"/> HOSES | <input type="checkbox"/> HOUR METER
<input type="checkbox"/> HYDRAULIC CONTROLS
<input type="checkbox"/> LIGHTS - HEAD AND TAIL
<input type="checkbox"/> LIGHTS - WARNING
<input type="checkbox"/> MAST
<input type="checkbox"/> OIL LEAKS
<input type="checkbox"/> OIL PREASURE
<input type="checkbox"/> OVERHEAD GUARD
<input type="checkbox"/> RADIATOR LEVEL
<input type="checkbox"/> SAFETY EQUIPMENT
<input type="checkbox"/> STEERING
<input type="checkbox"/> TIRES
<input type="checkbox"/> UNUSUAL NOISES
<input type="checkbox"/> OTHER _____ |
|--|---|

DETAILS: _____
