

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Forklift Checklist**Number: **S14-PR-200-F099**Owner: **Rick Hall**Revision: **04**Effective Date: **09/28/2015**Page: **1 of 1**

Fork Lift # \_\_\_\_\_ Week of \_\_\_\_\_ through \_\_\_\_\_

DAY SHIFT	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
<b>OPERATOR INITIALS</b>														
FUEL														
NO LP GAS ODOR PRESENT														
ENGINE OIL LEVEL														
ENGINE OIL PRESSURE														
NO HYDRAULIC LEAKS														
AMMETER OPERATING														
WATER / ANTI FREEZE														
TIRES														
LIGHTS														
HORN														
FORKS														
LIFT / LOWER CONTROL														
LIFT CHAIN AND HOSES														
TILT CONTROL														
FULLY EXTEND MAST & RETRACT														
DRIVE CONTROL / TRANS.														
STEERING														
SERVICE BRAKES														
PARKING BRAKES														
<b>*Any item that does not have a ✓ must be approved by the Supervisor or Lead before use*</b>														
<b>If Safety Hazard, Released by:</b>	<b>Safety Department Signature / Date</b>							<b>Management Signature / Date</b>						
<b>HOURS</b>	Hours at beginning of 1 <sup>st</sup> shift Monday								Hours at end of 2 <sup>nd</sup> shift Sunday					
<b>INCIDENTS / PROBLEMS</b>	✓ = ok / X = Need Maintenance / XX = Safety Hazard													
<b>REVIEWED BY NAME / DATE</b>														

❖ **Top portion of this form should be filled out with the forklift off and bottom portion with the forklift running. Any areas resulting in a Need Maintenance result will deem the forklift unusable and forklift will be taken out of service until repairs are made or signed off by Lead Operator / Supervisor.**

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