



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Forklift Checklist**

Number: **P12-PR-200-F067**

Owner: **Lee Cagle**

Revision: **02**

Effective Date: **12/16/2013**

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Fork Lift # _____ Week of _____ through _____

DAY	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
OPERATOR INITIALS														
AIR HORN														
FUEL														
LP GAS ODOR PRESENT														
ENGINE OIL LEVEL														
ENGINE OIL PRESSURE														
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														
HOURS	Hours at beginning of 1 st shift Monday								Hours at end of 2 nd shift Sunday					
INCIDENTS / PROBLEMS	<div style="text-align: right;">✓ = ok / X = Need Maintenance / XX = Safety Hazard</div>													
If a Safety Hazard, Released by:	Safety Department Signature / Date								Management Signature / Date					
REVIEWED BY NAME / DATE														

❖ **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.**

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