
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Forklift Checklist	Number: R12-FM-100-003	
	Owner: Lee Cagle	Revision: 02	
	Effective Date: 08/15/2013	Page: 1 of 1	

Fork Lift # _____ Week of _____ through _____

DAY	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	SATURDAY	SUNDAY
SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	3rd	3rd	3rd
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											
INCIDENTS / PROBLEMS	✓ = ok / X = Need Maintenance										
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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