



# GILES CHEMICAL ~ PREMIER MAGNESIA

## Company Form

Title: **Forklift Checklist**

Number: **R12-FM-100-003**

Owner: **Ron Hall**

Revision: **0**

Effective Date: **04/09/09**

Page: **1 of 1**



DAY	SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
OPERATOR INITIALS														
SHIFTERS														
FUEL														
LP GAS ODOR PRESENT														
ENGINE OIL LEVEL														
ENGINE OIL PRESSURE														
HYDRAULIC LEAKS														
AMMETER OPERATING														
WATER / ANTI FREEZE														
TIRES														
LIGHTS														
HORN														
LIFT / LOWER CONTROL														
TILT CONTROL														
ATTACHMENT OPERATION														
DRIVE CONTROL / TRANS.														
STEERING														
SERVICE BREAKS														
PARKING BREAKS														
INCIDENTS / PROBLEMS														