
	<b>GILES CHEMICAL ~ PREMIER MAGNESIA</b>		
	<b>Company Form</b>		
	Title: <b>Forklift Checklist</b>	Number: <b>P12-PR-100-F067</b>	
	Owner: <b>Lee Cagle</b>	Revision: <b>01</b>	
	Effective Date: <b>08/15/2013</b>	Page: <b>1 of 1</b>	

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
<b>OPERATOR INITIALS</b>														
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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