
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Forklift Checklist	Number: R12-FM-100-003	
	Owner: Jeff Hill	Revision: 01	
	Effective Date: 05/30/2013	Page: 1 of 1	

Fork Lift # _____

DAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SHIFT	3rd	3rd	1st 2nd	1st 2nd	1st 2nd	1st 2nd	3rd
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							
DRIVE CONTROL / TRANS.							
STEERING							
SERVICE BREAKS							
PARKING BREAKS							
INCIDENTS / PROBLEMS							
Name/Date							

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