

FLAT EARTH SAFETY

Forklift Operator Daily Inspection Checklist

INSTRUCTIONS:

Complete this checklist before each shift. Check box for OK or mark X for defect found.
Report any defects immediately. DO NOT operate if defects affect safe operation.

Date: _____	Shift: [] AM [] PM [] Night
Operator Name: _____	Unit #: _____

VISUAL INSPECTION (Engine/Key Off)

ITEM	OK	DEFECT
Tires/Wheels - Check for damage, proper inflation, wear	<input type="checkbox"/>	<input type="checkbox"/>
Forks - Check for cracks, bends, proper positioning	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Guard - Check for damage, loose bolts	<input type="checkbox"/>	<input type="checkbox"/>
Load Backrest - Inspect for damage, secure mounting	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Levels - Check hydraulic, engine oil, coolant, fuel	<input type="checkbox"/>	<input type="checkbox"/>
Battery - Check connections, fluid level (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Leaks - Look for hydraulic, oil, or fuel leaks	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Horn - Verify all lights and horn operational	<input type="checkbox"/>	<input type="checkbox"/>
Safety Decals - Check all warning labels are visible	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher - Verify present and charged	<input type="checkbox"/>	<input type="checkbox"/>

OPERATIONAL TEST (Engine/Key On)

ITEM	OK	DEFECT
Steering - Test for smooth operation and response	<input type="checkbox"/>	<input type="checkbox"/>
Brakes - Test service and parking brake function	<input type="checkbox"/>	<input type="checkbox"/>
Lift Controls - Check for smooth up/down operation	<input type="checkbox"/>	<input type="checkbox"/>
Tilt Controls - Test forward/backward tilt function	<input type="checkbox"/>	<input type="checkbox"/>
Horn - Test audible warning device	<input type="checkbox"/>	<input type="checkbox"/>
Backup Alarm - Verify operational (if equipped)	<input type="checkbox"/>	<input type="checkbox"/>
Lights - Test headlights, taillights, turn signals	<input type="checkbox"/>	<input type="checkbox"/>
Gauges/Instruments - Verify all display properly	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt - Check for damage and proper function	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shut-off - Test accessibility and operation	<input type="checkbox"/>	<input type="checkbox"/>

DEFECTS FOUND (Describe below)

OPERATOR CERTIFICATION:

I certify that I have performed the above inspection and this forklift is:

- [] SAFE TO OPERATE - All items OK or defects do not affect safe operation
[] UNSAFE - Equipment tagged out of service, supervisor notified

Operator Signature: _____ Time: _____

Per OSHA 29 CFR 1910.178(q)(7): Daily pre-shift inspection required

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