

| Date: | Shift: | Department: |
|-------------------------|---------------------------|---------------------------------------------------------------------------------------|
| Operators Name: | Or | perators Signature: |
| The Vehicle Inspection | | |
| Oil Level | | |
| Hydraulic Oil Level | | |
| Fuel Level | | |
| Check the Lift and S | urrounding Area for Leak | S |
| Coolant Level | | |
| | ondition of Wheels and Ti | res |
| Battery and charger | | |
| Ground Control Swit | ches | |
| Check Operations: | | |
| Horn | | |
| Gauges | | |
| Brakes | | |
| Lights | | |
| Steering | | |
| Attachments or Acce | ssories | |
| Backup Alarm or Wa | rning buzzer | |
| Warning Lights | | |
| Platform Lift Equipment | Tanasia. | |
| Lift and Travel Contr | | |
| Placards, Decals and | | |
| Handrails, Guardrails | and Safety Chains | |
| Platform Deck and T | | |
| Steering | 00001.43 | |
| Attachments or Acce | ssories | |
| Backup Alarm or Wa | | * |
| Warning Lights | | |
| THE KEY AND REPORT THE | PROBLEM TO YOUR SUP | OF THIS INSPECTION, REMOVE ERVISOR. DO NOT ATTEMPT TO AUTHORIZED SERVICE PERSON |
| RECORD ANY | MALFUNCTIONS, DAMAG | GES OR PROBLEMS |