

Equipment Operator's Pre-Shift Safety Check List

Date: 12-12-25 Note: (fill out this sheet before starting shift)

Equipment #: 1182

Equipment Type: Forklift

Shift: Day

Machine Hours: 5460.4

Codes:

| OK | Repairs Made | Repairs Required |
|----|--------------|------------------|
| ✓ | O | X |

| | | |
|---|----|--|
| Excessive oil or Hydraulic Leaks | ✓ | |
| Backup Alarm | ✓ | |
| Brakes: Foot | ✓ | |
| Brakes: Parking | ✓ | |
| Air System/Leaks/Building, holding pressure | NA | |
| Fire Extinguisher | ✓ | |
| Lights | ✓ | |
| Horn (Electric) | ✓ | |
| Horn (Air) | NA | |
| Windshield Wipers | NA | |
| Glass: Windshield | NA | |
| Glass: Door | NA | |
| Grab Rails | ✓ | |
| Steps | ✓ | |
| Safety Guards | ✓ | |
| Pin Conditions (If Applicable) | NA | |
| Mirrors | ✓ | |
| Heating/Air Conditioner Working | NA | |
| Wheel Chocks | ✓ | |
| Seat Belts | ✓ | |
| Tires/Wheels | ✓ | |
| Steering/Fluid Level | ✓ | |
| Coolant Level/Leaks | ✓ | |
| Engine Oil Level/Leaks | ✓ | |
| Hydraulic Oil Level/Leaks | ✓ | |
| Transmission Oil Level/Leaks | ✓ | |
| Fuel Level | ✓ | |
| DEF Level | NA | |
| Water Level | ✓ | |

Operator's Remarks: 

Operator's Signature:  Supervisor's Signature: 

Mechanic's Remarks: _____

Mechanic's Signature: _____ Date: _____