



Telehandler/Forklift Pre-Use Inspection

Job Name:				Make/model:			
Type:	telehandler	<input type="checkbox"/>	forklift	<input type="checkbox"/>	Hour Meter Reading:		
Inspection conducted by (operator/inspector):					Date		

Power Off Checks	OK	No	N/A	Power On Checks	OK	No	N/A
1. Wheels and tires (tire pressure correct)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Unit starts and runs properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lights/strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Instruments/gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mirrors/visibility aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Warning lights/audible alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Engine/engine compartment:				25. Fuel level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Belts/hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Horn/audible warning device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cables/wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Function controls:			
c. Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Boom & Carriage – raise/lower/tilt/extend/retract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Battery/batteries				b. Lifting Attachment – proper movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Terminals tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Drive - forward/reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clean/dry/secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Steer – left/right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hydraulics:				e. Frame level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Cylinders/rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Outriggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hoses/lines/fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fluids:				28. Braking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Engine oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Service/De-clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Engine coolant Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hydraulic oil Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fuel/battery Level Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General	OK	No	N/A
8. Data/Capacity plate/Load Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Decals/Warnings/Placards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Windows/Glass/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Manufacturer Operators Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hood Cover/Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Misc. parts – loose/missing/broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Air Filter Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Area Inspection	OK	No	N/A
12. Counterweight/Counterweights bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Drop-offs or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Lifting Attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Bumps and floor/ground obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Boom Sections-Damage, wear pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Boom angle indicator-free movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Overhead obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ROPS/Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Energized power lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Frame level indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Hazardous locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Seatbelt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Ground surface and support conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Pedestrian/vehicle traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Wind and weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Other possible hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Report any problems found to supervisor. ALWAYS lock/tag-out unsafe equipment.

Item #	Comments/Action Items