

# FORKLIFT - Daily Inspection Checklist

Week Starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company/Site \_\_\_\_\_

Machine No: \_\_\_\_\_

**CHECK DAILY BEFORE EACH SHIFT:**  
 [✓] = OK [x] = Action needed [N/A] = Not applicable  
 Machine Hour Meter \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

	Mon			Tue			Wed			Thur			Frid			Sat			Sun			
	Shift			Shift			Shift			Shift			Shift			Shift			Shift			
	D	A	N	D	A	N	D	A	N	D	A	N	D	A	N	D	A	N	D	A	N	
Check load-capacity plate is fitted, legible and correct.																						
Inspect forks for any signs of damage.																						
Check tyres, belts and look for any leaks under the truck.																						
Check mast and hydraulic cylinders, look for any leaks.																						
Check all fluids: oil, hydraulics, battery, fuel, coolant...																						
Gas bottle and/or battery: security, hose connections and gauge.																						
Check condition and adjustment of seat and belt.																						
After start up check all pedals and controls for smooth operation.																						
Check brakes and parking brake for proper operation.																						
Check lights, horn and reversing beeper.																						
Any other visible damage or defects.																						
Operator doing check to clearly write/sign their name at the bottom of each column.																						

**FAULT REPORTED BY** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DO NOT OPERATE**  
 Description of fault \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Operator to TAG OUT machine if needed.**

**ACTION TAKEN TO RETURN TO SERVICE**

Print Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_