

FORKLIFT OPERATOR'S DAILY CHECKLIST

(Complete Before The Start of Each Shift)

DATE	TRUCK NUMBER	BUILDING NUMBER	SHIFT
<input type="checkbox"/> INTERNAL COMBUSTION	<input type="checkbox"/> ELECTRIC	HOUR METER START _____ END _____ TOTAL HRS. _____	
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN **X** AND GIVE DETAILS BELOW.

ACCELERATOR	HOUR METER
ALARMS	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELTS	MAST
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
CABLES	OVERHEAD GUARD
ENGINE OIL LEVEL	RADIATOR LEVEL
FORKS	SAFETY EQUIPMENT
FUEL LEVEL	STEERING
GAUGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____

DETAILS: _____
