

Forklift Daily Inspection Form

Date

Operator Name

Forklift ID/Number

Pre-Operational Inspection (Visual & Fluid Levels)

Item	OK	Needs Attention
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Forks & Mast	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Battery/Propane Tank	<input type="checkbox"/>	<input type="checkbox"/>

Operational Inspection (Controls & Safety)

Item	OK	Needs Attention
Lights & Horn	<input type="checkbox"/>	<input type="checkbox"/>
Brakes & Steering	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelt	<input type="checkbox"/>	<input type="checkbox"/>
Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Controls Function	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Deficiencies Noted

Inspector Signature

Time

