

Forklift Weekly Safety Inspection Checklist

Forklift Details

Forklift ID/Number	<input type="text"/>	Date	<input type="text"/>
Inspector Name	<input type="text"/>	Location	<input type="text"/>

Checks

Item	Pass	Fail	Comments
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Forks and mast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hydraulic leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Controls & steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes and horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights and alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seat belt/seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Notes / Corrective Actions

Inspector Signature

Name	<input type="text"/>	Date	<input type="text"/>
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