

Forklift Operation Safety Checklist

Operator Name

Date

Forklift ID/Number

Pre-Operation Inspection

Item	Check	Comments
Fluid levels (oil, water, hydraulic, etc.)	<input type="checkbox"/>	
Leaks (oil, water, fuel)	<input type="checkbox"/>	
Forks & mast condition	<input type="checkbox"/>	
Tires (wear, pressure)	<input type="checkbox"/>	
Battery (water, charge)	<input type="checkbox"/>	
Brakes, horn, and lights	<input type="checkbox"/>	
Steering & controls	<input type="checkbox"/>	
Seat belt	<input type="checkbox"/>	

Operational Inspection

Item	Check	Comments
Warning devices (backup alarm, etc.)	<input type="checkbox"/>	
Load handling (lift/lower/tilt)	<input type="checkbox"/>	
Travel controls (forward/reverse/neutral)	<input type="checkbox"/>	
Parking brake	<input type="checkbox"/>	

Comments/Issues Noted

Inspector Signature