

Forklift Daily Use Checklist & Sign-Off Form

Date:

Operator Name:

Forklift/Vehicle Number:

Shift Time:

Pre-Operation Inspection

Item	OK	Needs Attention
Hydraulic Fluid	<input type="checkbox"/>	<input type="checkbox"/>
Lift Chains & Mast	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>
Lights & Horn	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>
Controls & Levers	<input type="checkbox"/>	<input type="checkbox"/>
Backup Alarm	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Issues:

Operator Signature:

Supervisor Review (if required):
