

Forklift Daily Inspection Report Form

Date

Time

Operator Name

Forklift ID/No.

Check Item	Pass	Fail	Remarks
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mast & Forks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seat & Seatbelt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluids (oil, fuel, water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Operator Signature

Supervisor Signature