

Forklift Daily Checklist

Operator Name

Date

Shift

Forklift ID / No.

Pre-Operational Checks

Fluid Levels

☐

OK

☐

Not OK

Tires/Wheels

☐

OK

☐

Not OK

Forks & Mast

☐

OK

☐

Not OK

Controls

☐

OK

☐

Not OK

Warning Devices

☐

OK

☐

Not OK

Other Issues

Operational Checks

Steering

☐

OK

☐

Not OK

Brakes

☐

OK

☐

Not OK

Horn/Alarms

☐

OK

☐

Not OK

Other Issues

Comments / Actions Taken

Operator Signature

Time of Check