

PRE-SHIFT CHECKLIST – SIDE LOADER FORKLIFT

Operators Name: _____

Date of Inspection: ___/___/___

Shift: ___Morning ___Afternoon ___Night.

Hour Meter: _____

VISUAL INSPECTION:

YES NO **Forks, Carriage:** Damaged, Bent, Worn. (Capacity on Forks)

YES NO **Mast, Rollers & Chains:** Loose/ Missing Parts, Excessive Wear or Leaks.

YES NO **Hydraulic Hoses & Cylinders:** Leaking or Damaged.

YES NO **Tires, Load Wheels:** Any Damage, Any Damage, Bond Failure, Tread etc.

YES NO **Overhead Guard** Good Condition, No Damage or Dents.

YES NO **Operators Compartment:** Clean, Controls are Readable

YES NO **Propane Tank & Hose Derv Tank and Pipes :** tank good condition, hose not frayed
connection is good sufficient fuel.

YES NO **Capacity Plate:** Readable and Understood.

YES **NO Fluid Checks:** (T.E.C.H – B) Transmission, Engine, Coolant, Hydraulics – Battery and Brakes

YES NO **Operators Manual & Warning Decals:** Visible and Readable.

Other Comments: