

FORKLIFT INSPECTION CHECKLIST

Date & Time	
Forklift Model and/or Serial #	
Supervisor Name	
Inspector Name	

OK = Good Condition

NR = Needs Repair or Item Needs Review by a Supervisor

NA = Not Applicable to This Particular Forklift

		OK	NR	NA
Visual Checks	Battery & Connections <i>Fluid level is adequate, vent caps in place; connectors are not cracked or burnt</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tires & Wheels <i>Drive wheels, load wheels & casters not broken, damaged or missing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forks <i>In place, properly secured, not damaged</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Guards <i>Overhead & load backrest not broken, damaged or missing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Devices <i>Lights, shields, harness, warning labels, etc. not broken, damaged or missing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General Condition <i>No leaks, broken parts; chains, cables & hoses are in place; all fluid levels good</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Checks	Steering & Horn <i>No binding or excessive play in steering; horn & backup alarm operational</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Travel Controls <i>All speed ranges, forward & reverse visible & working properly</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hydraulic Controls <i>All checked: raise/lower, tilt forward/rear, reach in/out, side shift right/left</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brakes & Parking Brake <i>Works smoothly, properly; seat, hand, foot parking brake checked</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Battery Charge <i>Discharge meter in full green or 75% charge after raising forks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Power Disconnect <i>Correctly cuts off all electric power as intended</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other <i>Attachments function properly, no unusual noise, anything else – describe here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

