

Operator Checklist – Electric Forklift

To Be Performed at the Beginning of Each Shift

Week Starting Date: _____ Truck #: _____

Hour Meter Start: _____ Shift: 1st 2nd 3rd

Use a ✓ if ok. Use an X if problem exists. Report all problems immediately!

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Overhead Guard and Load Back Rest							
Hydraulic Cylinders Dry							
Mast Assembly; Lift Chains; Rollers and Forks							
Tires and Steering							
Battery Secure; Cables in Good Shape							
Brakes and Park Brake Operational							
Headlights; Strobe Light and Gauges							
Horn and Back Up Alarm							
Seat Belt Condition							
Check Under Truck for Leaks							
Manufacturers Nameplate Legible							
All Safety Decals Legible							
Operators Manual in Place and Legible							

Comments: _____

Operator: (Print name)

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Thur _____