

# Operator Checklist – Gasoline or Diesel 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 Check							
Brakes and Park Brake							
Headlights; Strobe Light and Gauges							
Horn and Back Up Alarm							
Fuel Leaks							
Engine Oil and Coolant Level							
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 \_\_\_\_\_