



Narrow Aisle Forklift Pre-use Inspection Checklist

Operator:				Make & Model:									
Company:				Hour Meter Reading:									
Location:				Date: MM/DD/YYYY		Unit No.:							
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels and Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Function controls:						
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Hold to run				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Mast & carriage – raise/lower/tilt/swing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Battery/Battery compartment:							c) Lifting attachment – proper movement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cables and connectors in working order				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Secure/Battery gates				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Braking:						
d) Debris							a) Service				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Hydraulics:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Drive/function-enable pedal				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Parking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Plugging				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Emergency quick disconnect				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Fluids:							26) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Windows/Glass/Gates				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Lifting Attachment(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
10) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Hood/Covers/Panels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Mast – chains/rollers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Overhead Guard/Cab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Seatbelt				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
15) Operator personal fall protection system/anchor point				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Grounding strap				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER ON CHECKS				OK	NO	N/A					OK	NO	N/A
18) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.													
COMMENTS													
Operator's initials:													
Alternative operator's initials:													