



Counterbalanced 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"/>	18) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Engine compartment:							21) Fuel/Charge level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cables/Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Function controls:						
c) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Mast & carriage – raise/lower/tilt				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Battery/Batteries:							b) Lifting attachment – proper movement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Terminals tight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry/Secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							24) Braking:						
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Service				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Inch				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Fluids:							c) Parking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Plugging				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fuel/Battery Level Leaks				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
8) Data/Capacity plate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Windows/Glass/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Lifting Attachment(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Hood/Covers/Panels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
13) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Mast – chains/rollers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Overhead Guard/Cab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Seatbelt				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) 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:													