



Forklift Inspection Form

Provided by ForkliftSafety.com

Location of forklift			
Address: _____		City: _____	State: ____ Zip: _____
Contact person: _____			
Phone Number: (_____) _____			

<u>Company Name:</u>	<u>Date:</u>	<u>Name of Person Preparing Form:</u>
<u>Make of Forklift:</u>	<u>Model #:</u>	<u>Serial #:</u>
<u>Year of Manufacture:</u>	<u>Hour Meter Reading:</u>	<u>Capacity Rating:</u>
<u>Fork Length:</u>	<u>Fork Condition:</u> Good / Fair / Poor	<u>Tires:</u> Pneumatic / Solid / Cushion
<u>Tire Condition:</u> Good / Fair / Poor	<u>Tire Tread Remaining:</u> Drive %: _____ Steer %: _____	<u>Operator's Manual:</u> Yes / No
<u>Nameplate/Data Tag:</u> Yes / No	<u>Safety Warnings:</u> Yes / No	

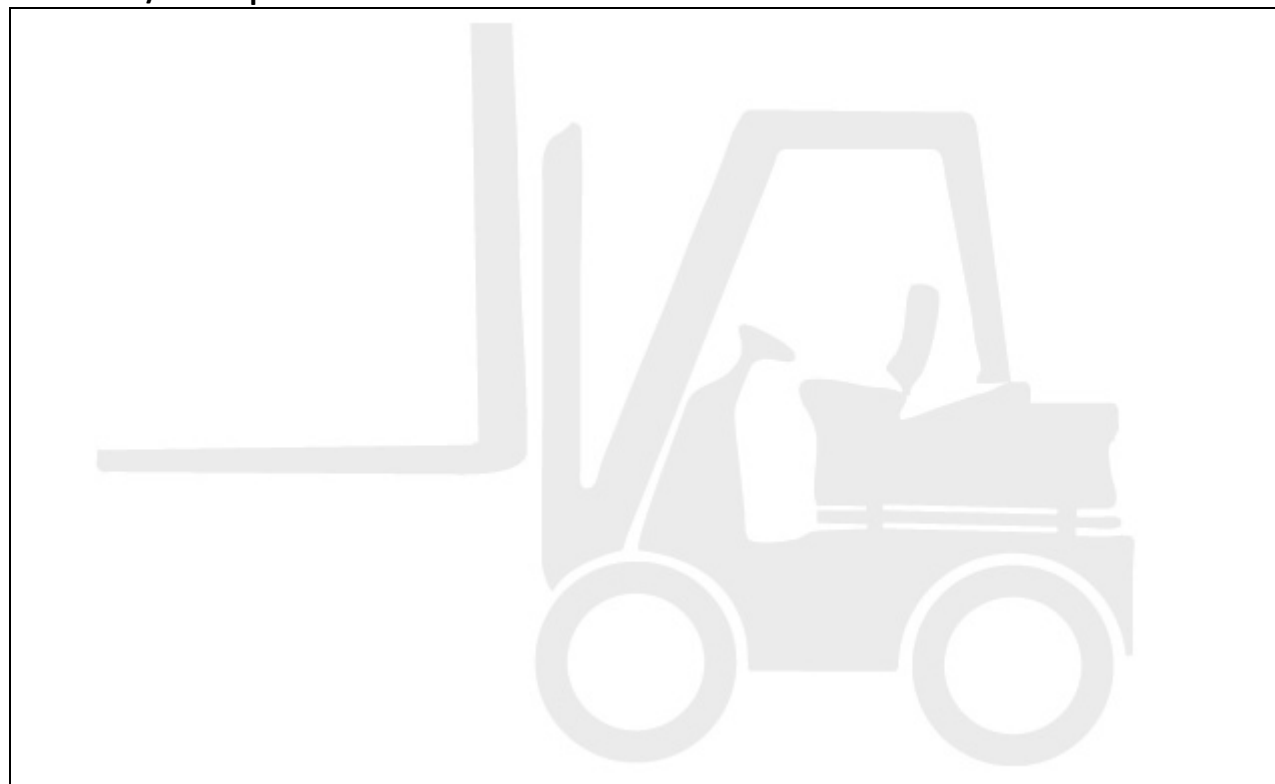
Engine Off - Circle OK or 'M' for maintenance:

Fuel: OK / M	Engine Oil: OK / M	Radiator Coolant: OK / M	Hydraulic Fluid: OK / M	Transmission Fluid: OK / M
Brake Fluid: OK / M	Battery: OK / M	Engine Belts: OK / M	Engine Air Cleaner: OK / M	Fuel Filter: OK / M
Hood Latch: OK / M	Mirrors: OK / M	Tires: OK / M	Forks: OK / M	Load Backrest: OK / M
Mast Assembly: OK / M	Finger Guards: OK / M	Overhead Guards: OK / M	Propane Tank: OK / M	Hydraulic Hoses: OK / M
Battery: OK / M	Seatbelt: OK / M			

Engine On - Circle OK or 'M' for maintenance:

Accelerator: OK / M	Service Brake: OK / M	Parking Brake: OK / M	Steering Operation: OK / M	Drive Control: OK / M
Transmission: OK / M	Tilt Control: OK / M	Hoist Control: OK / M	Attachment Control: OK / M	Horn: OK / M
Backup Alarm: OK / M	Headlights: OK / M	Cab: OK / M / NA	Gauges: OK / M	

Remarks / Description:



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