



Lift Truck Services Inc.

FORKLIFT DRIVER WEEKLY INSPECTION SHEET



MAKE & MODEL: _____

FLEET NO: _____

SERIAL NO: _____

NAME: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	/ /	/ /	/ /	/ /	/ /	/ /	/ /

CHECKS BEFORE STARTING TRUCK	1	FORKS/ATTACHMENT							
	2	CARRIAGE PLATE							
	3	LOAD GUARD							
	4	MAST							
	5	MAST ROLLERS/SLIDES							
	6	LIFT CHAINS/PULLEYS							
	7	HYDRAULICS							
	8	WHEELS & TIRES							
	9	EXTERNAM CONDITION							
	10	OIL LEVELS							
	11	COOLANT/WATER							
	12	CONTROLS & RATING PLATE							
	13	SEAT & RESTRAINTS							
ENGINE RUNNING	14	WARNING INDICATORS							
	15	LIGHTS & BEACON							
	16	AUDIBLE DEVICES							
	17	HYDRAULIC FUNCTIONS							
	18	DRIVE & BRAKING							
	19	STEERING							

OPERATOR INITIALS WHEN CHECKS COMPLETE _____

ADDITIONAL COMMENTS _____

INSPECT FORKLIFT AT THE START OF EACH SHIFT ACCORDING TO THE DAILY CHECK SHEET

RETURN COMPLETED SHEET TO THE RELEVANT AUTHORITY AT THE END OF EACH WEEK

REPORT ALL FAULTS/DAMAGES TO THE SHIFT SUPERVISOR OR THE RELEVANT AUTHORITY

IN THE EVENT OF SERIOUS FAULTS, REMOVE THE KEY AND TAG THE TRUCK 'FAULTY. DO NOT OPERATE'