

Forklift Operator Pre-Use Inspection

Date: _____

Forklift Vehicle/Identification Number: _____ Hour Meter Reading: _____ Make/Model#: _____

Operator Name (Print): _____ Operator Signature: _____

CHECK ITEMS

✓ OK ✗ DEFECT

Visual Inspection

General: Good condition with no damage, excessive dirt or rust.	<input type="checkbox"/>
Forks: Correctly positioned, not damaged, cracked, bent or worn.	<input type="checkbox"/>
Carriage Plate: No damage or distortion, sitting square to the mast and lubricated.	<input type="checkbox"/>
Mast/Boom: No damage, distortion or cracks. No undue wear, scoring, dirt, or foreign bodies in channels. Rollers, no uneven wear or incorrect tracking. Slides intact and secure.	<input type="checkbox"/>
Back Rest Extension / Load Guard: In good condition, secure with no distortion or cracks.	<input type="checkbox"/>
Lift Chains: Not damaged worn or stretched, no broken links or rust. All pins in place.	<input type="checkbox"/>
Tires: No damage, excessive dirt or wear, rust, cracks, splits or separation of tires and rims.	<input type="checkbox"/>
Wheels: Undamaged and free from obstruction and debris. All nuts secure and in place.	<input type="checkbox"/>
Overhead Guard / Roll Over Protection Frame: Secure, undamaged with no loose items.	<input type="checkbox"/>
Energy Source: <ul style="list-style-type: none"> • Gas or Diesel: Engine oil, fuel, and radiator water level correct. • Electric: Electrolyte level, battery plug and connections correct. Power cable intact, connected and secure. No exposed wires, battery brackets secure and battery adequately charged. 	<input type="checkbox"/>
Hydraulics: No damage or fluid level/leaks, no splits in hoses, no leaks around fittings.	<input type="checkbox"/>
Operator's Compartment: Clean with no loose items.	<input type="checkbox"/>
Access: Steps and grab handles in good condition and clean.	<input type="checkbox"/>
Lights, Windscreen and Mirrors (if fitted): Clean and undamaged.	<input type="checkbox"/>
Fire Extinguisher (if fitted): Secure and charged.	<input type="checkbox"/>
Seatbelt: Accessible, in good condition and working correctly.	<input type="checkbox"/>
Ignition & Electrical System: Working correctly. All gauges and instruments visible and working.	<input type="checkbox"/>
Reversing Alarm and Horn: Working correctly and audible.	<input type="checkbox"/>
Warning Lights & Lights (if fitted): Working correctly.	<input type="checkbox"/>
Hydraulic Controls: Working smoothly and correctly.	<input type="checkbox"/>
Brakes (Foot & Parking): Working correctly.	<input type="checkbox"/>
Exhaust: No excessive smoke, sparks or flames.	<input type="checkbox"/>

Defect Details:

Workplace Inspection

Date: _____

Operator Name (Print): _____ Operator Signature: _____

CHECK ITEMS

✓ Yes ✗ No

Visual Inspection

Overhead Electrical or Obstructions

Grade, Slope, or Uneven Ground

Personnel Traffic (circle: light, medium, or heavy)

Unstable Ground Condition (circle: icy, muddy, or very saturated)

Unsafe Weather Condition (circle: lightening, thunder, or very windy)

Vehicle and/or Equipment Traffic (circle: light, medium, or heavy)

Above and/or Below Ground Utilities (circle: gas, water, electrical, or air)

Material(s) and/or Debris

General Comments:

EPRO
SAFETY SOLUTIONS