



Forklift Inspection Form

Inspection Dates From: To:

Manufacturer: Model: Lease No.

√ = Good X = No Good N/A = Not Applicable

Item(s) to be checked	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Visual Inspection							
Operator has proof of training							
Tires							
Hoses							
Lights							
Operating Controls							
Brakes							
Fluid Levels (Hydraulic and engine Oil)							
Rollover Protection							
Controls							
Brakes / Steering							
Emergency Brake							
Fork controls							
Horn							
Lights and Turn Signal where applicable							
All Required Safety Equipment							
Operator's Initials:							