

FORKLIFT PRE-OPERATIONAL INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Visual Inspection

- Yes No — Forks and mast are free of cracks or distortion
- Yes No — Tires are inflated and free of excessive wear or cuts
- Yes No — No visible fluid leaks under the vehicle
- Yes No — Safety decals and nameplates are legible and in place

Operational Checks

- Yes No — Service and parking brakes function correctly
- Yes No — Steering is smooth with no excessive play
- Yes No — Lift and tilt mechanisms operate smoothly
- Yes No — Horn, lights, and backup alarms are working

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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