



Sample Inspection Checklist

Internal Combustion Engine Industrial Truck - Gas/LPG/Diesel Truck

Record of Fuel Added

Date		Operator		Fuel	
Truck#		Model#		Engine Oil	
		Serial#		Radiator Coolant	
Shift		Hour Meter		Hydraulic Oil	

Safety and Operational Checks (Prior to each shift)

Pre-Operation Check (Engine off)	✓	Explain any problems
Leaks - Fuel, Hydraulic Oil, Engine Oil or Radiator Coolant		
Tires - Condition and Pressure		
Forks, Top Clip Retaining Pin and Heel - Check Condition		
Load Backrest - Securely Attached		
Hydraulic Hoses, Mast Chains, Cables and Stops - Check Visually		
Overhead Guard - Attached		
Finger Guards - Attached		
Propane Tank (LP Gas Truck) - Rust Corrosion, Damage		
Safety Warnings - Attached (Refer to Parts Manual for Location)		
Battery - Check Water/Electrolyte Level and Charge		
All Engine Belts - Check Visually		
Hydraulic Fluid Level - Check Level		
Engine Oil Level - Dipstick		
Transmission Fluid Level - Dipstick		
Engine Air Cleaner - Squeeze Rubber Dirt Trap or Check the Restriction Alarm (if equipped)		
Fuel Sedimentor (Diesel)		
Radiator Coolant - Check Level		
Operator's Manual - In Container		
Nameplate - Attached and Information Matches Model, Serial Number and Attachments		
Seat Belt - Functioning Smoothly		
Hood Latch - Adjusted and Securely Fastened		
Brake Fluid - Check Level		
Operational Check (Engine on)	✓	Explain any problems
Accelerator or Direction Control Pedal - Functioning Smoothly		
Service Brake - Functioning Smoothly		
Parking Brake - Functioning Smoothly		
Steering Operation - Functioning Smoothly		
Drive Control - Forward/Reverse - Functioning Smoothly		
Tilt Control - Forward/Reverse - Functioning Smoothly		
Hoist and Lowering Control - Functioning Smoothly		
Attachment Control - Operation		
Horn and Lights - Functioning		
Cab (if equipped) - Heater, Defroster, Wipers - Functioning		
Gauges: Engine Oil Pressure, Hour Meter, Fuel Level, Temperature, Instrument Monitors - Functioning		



Telehandler Forklift Pre-Use Inspection Checklist													
Operator:					Make & Model:								
Company:					Hour Meter Reading:								
Location:					Date: MM/DD/YYYY			Unit No.:					
POWER OFF CHECKS				Status			POWER ON CHECKS				Status		
				OK	NO	N/A					OK	NO	N/A
1) Wheels and Tires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Unit starts and runs properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lights/Strobes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Instruments/Gauges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Mirrors/Visibility aids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Warning lights/audible alarms				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Engine/Engine compartment:							23) Fuel level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Belts/Hoses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Horn/audible warning device(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cables/Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Function controls:						
c) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Boom & carriage – raise/lower/tilt/extend/retract				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Battery/Batteries:							b) Lifting attachment – proper movement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Terminals tight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Drive – forward/reverse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clean/Dry/Secure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Steer – left/right				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Hydraulics:							e) Frame level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Cylinders/Rods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Outriggers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hoses/Lines/Fittings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Braking:						
7) Fluids:							a) Service/De-clutch				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Engine oil		Level	Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Parking				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Engine coolant		Level	Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hydraulic oil		Level	Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fuel		Level	Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL				OK	NO	N/A
8) Data/Capacity Plate/Load Charts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) Housekeeping				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Windows/Glass/Doors				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) Manufacturer's operating manuals				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Lifting Attachment(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Decals/Warnings/Placards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Counterweight/Counterweight bolt(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Misc. parts – loose/missing/broken				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Hood/Covers/Panels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKPLACE INSPECTION				OK	NO	N/A
13) Air filter indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Drop-offs or holes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Boom Sections – damage/wear pads				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Bumps and floor/ground obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Boom Angle Indicator-free movement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Debris				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) ROPS/Cab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Overhead obstructions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Frame level indicator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Energized power lines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Seatbelt				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Hazardous locations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Ground surface and support conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Pedestrian/vehicle traffic				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Wind and weather conditions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41) Other possible hazards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report any problems found to your supervisor/employer. ALWAYS lock/tag-out unsafe equipment.													
COMMENTS													
Operator's initials:													
Alternative operator's initials:													