



## Forklift Pre-Use Inspection Form

Owned     Leased     Rented

Make & Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Location: \_\_\_\_\_

**Job Codes: 1. A=Adjustment**

**2. PM= Planned Maintenance**

**3. R=Repairs**

**Safety Checks:    ✓= OK**

**X=Needs Service**

| Equipment Hours |               |     | Visual Checks |                |  | Operational Checks                        |                                |  | Service                              |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
|-----------------|---------------|-----|---------------|----------------|--|---|--------------------------------|--|--------------------------------------|--------------------------------|-----------------------|---|-------------------------------------|---|--|---|-------------------------------|-----------------------------------|------------------------------------|
| Date            | Meter Reading |     | Total Service | Out of Service | Visual Checks                                |   |                                | Operational Checks                           |                                      | Operator Initials and Job Code | Work Order/ Invoice # |   |                                     |   |  |   |                               |                                   |                                    |
|                 | Start         | End |               |                | <input type="checkbox"/> Battery Fluid/Cable | <input type="checkbox"/> Head/Tail Lights | <input type="checkbox"/> Tires | <input type="checkbox"/> Discharge Indicator | <input type="checkbox"/> Hydra Leaks |                                |                       | <input type="checkbox"/> Warning lights | <input type="checkbox"/> Hour Meter | <input type="checkbox"/> Deadman Brakes | <input type="checkbox"/> Forward/Reverse | <input type="checkbox"/> Service Brakes | <input type="checkbox"/> Horn | <input type="checkbox"/> Steering | <input type="checkbox"/> Lift/Tilt |
| 1               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 2               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 3               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 4               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 5               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 6               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 7               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 8               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 9               |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 10              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 11              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 12              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 13              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 14              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 15              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 16              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 17              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 18              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 19              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 20              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 21              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 22              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |
| 23              |               |     |               |                |  |   |                                |  |                                      |                                |                       |   |                                     |   |  |   |                               |                                   |                                    |