

Daily Operator Check List

Internal Combustion Lift Truck

Check NO where problems are detected.

Date _____ Time _____ Operator _____ Shift _____ Truck # _____

Visual Inspection

- | NO | Comments |
|------------------------------|--|
| 1. <input type="checkbox"/> | Propane _____
Bracket _____
Relief Valve _____
Fuel Level _____
Leaks _____
Safety Straps _____ |
| 2. <input type="checkbox"/> | Rear Tire (left) _____ |
| 3. <input type="checkbox"/> | Seat Belt _____ |
| 4. <input type="checkbox"/> | Engine Compartment _____
Battery _____
Oil _____
Radiator _____ |
| 5. <input type="checkbox"/> | Overhead Guard (left) _____ |
| 6. <input type="checkbox"/> | Front Tire (left) _____ |
| 7. <input type="checkbox"/> | Tilt Cylinder (left) _____ |
| 8. <input type="checkbox"/> | Carriage _____ |
| 9. <input type="checkbox"/> | Fork Locking Pin (left) _____ |
| 10. <input type="checkbox"/> | Fork (left) _____
Attachment (if applicable) _____ |
| 11. <input type="checkbox"/> | Mast _____ |
| 12. <input type="checkbox"/> | Lift Cylinder _____ |
| 13. <input type="checkbox"/> | Lift Chains _____ |
| 14. <input type="checkbox"/> | Fork (right) _____ |
| 15. <input type="checkbox"/> | Fork Locking Pin (right) _____ |
| 16. <input type="checkbox"/> | Carriage _____ |
| 17. <input type="checkbox"/> | Tilt Cylinder (right) _____ |
| 18. <input type="checkbox"/> | Front Tire (right) _____ |
| 19. <input type="checkbox"/> | Transmission Fluid _____ |
| 20. <input type="checkbox"/> | Hydraulic Oil _____ |
| 21. <input type="checkbox"/> | Air Filter _____ |
| 22. <input type="checkbox"/> | Fan Belt _____ |
| 23. <input type="checkbox"/> | Over head Guard (right) _____ |
| 24. <input type="checkbox"/> | Rear Tire(right) _____ |

Signature

Operation Inspection

- | NO | Comments |
|-----------------------------|---|
| A. <input type="checkbox"/> | Listen for Unusual Noise _____ |
| B. <input type="checkbox"/> | Check Service and Parking Breaks _____ |
| C. <input type="checkbox"/> | Lifting Control _____ |
| D. <input type="checkbox"/> | Tilt Control _____ |
| E. <input type="checkbox"/> | Forward Driving _____
Accelerator _____
Steering _____
Brakes _____ |
| F. <input type="checkbox"/> | Reverse Driving _____
Accelerators _____
Steering _____
Brakes _____
Backup Alarm _____ |
| G. <input type="checkbox"/> | Lights _____ |
| H. <input type="checkbox"/> | Horn _____ |
| I. <input type="checkbox"/> | Gauges _____ |
| J. <input type="checkbox"/> | Oil Spots on Floor _____ |

Walkaround

