

# Order Picker Daily Operator Check List

To be performed at the beginning of each shift

Week Starting Date: \_\_\_\_\_

Hour Meter Start: \_\_\_\_\_

Truck #: \_\_\_\_\_

Shift:     1st     2nd     3rd

Use a ✓ if ok, Use an X if a problem exists. Report all problems immediately.

|   | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|-----|-----|-----|-----|-----|-----|-----|
| Overhead Guard & Work Platform          |     |     |     |     |     |     |     |
| Hydraulic Cylinders Dry                 |     |     |     |     |     |     |     |
| Hoist Lines; Cables; Chains and Rollers |     |     |     |     |     |     |     |
| Tires and Steering                      |     |     |     |     |     |     |     |
| Battery Secured; Cables in Good Shape   |     |     |     |     |     |     |     |
| Brakes and Deadman Brake Working        |     |     |     |     |     |     |     |
| Headlights; Strobe Light and Gauges     |     |     |     |     |     |     |     |
| Horn and Back Up Alarm                  |     |     |     |     |     |     |     |
| Battery Discharge Indicator             |     |     |     |     |     |     |     |
| Safety Interlock & Gripper Jaws         |     |     |     |     |     |     |     |
| Seat Belt; Harness and Lanyard          |     |     |     |     |     |     |     |
| Check Under Trucks for Leaks            |     |     |     |     |     |     |     |
| Manufacturers Nameplate Legible         |     |     |     |     |     |     |     |
| All Safety Decals Legible               |     |     |     |     |     |     |     |
| Operators Manual in Place and Legible   |     |     |     |     |     |     |     |

Comments: \_\_\_\_\_  
\_\_\_\_\_

Operator: (Print Name)    Mon: \_\_\_\_\_  
   Tue: \_\_\_\_\_  
   Wed: \_\_\_\_\_  
   Thu: \_\_\_\_\_  
   Fri: \_\_\_\_\_  
   Sat: \_\_\_\_\_  
   Sun: \_\_\_\_\_



**SOUTHEAST  
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