

UNC Charlotte Environmental Health and Safety

Forklift Pre-Use Inspection Form (LPG/Diesel Forklifts)

Department:

Equipment #:

Month/Year:

Instructions: Complete the department, equipment number, and month/year section. Inspect items (A-Q) on the forklift inserting a not applicable (N/A), check mark (✓) for good and (X) indicating repair needed for the specific day of the month. The operator's initial and any comments should be included below and form affixed to forklift.
NOTE: If any item is marked with an (X) you must tag the forklift out of service (sign on steering wheel), and report it to your supervisor.

Inspection items	Day of the Month														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
✓ = Good N/A=Not Applicable X = Repair															
A.) Visually inspect worksite.															
B.) Check for broken, missing or damaged parts and loose or missing fasteners.															
C.) Check that no safety switches have been bypassed and no warning tags have been placed on the vehicle.															
D.) Check lights, mirrors and windows for cleanliness and damage.															
E.) Check safety signs, nameplate and special instructions are legible.															
F.) Check tires for cuts, bulges, and correct pressure.															
G.) Check forks for misalignment, welds, cracks, and attachments.															
H.) Check forks top clip retaining pins and heel are in place.															
I.) Check cleanliness of engine and radiator.															
J.) Check engine oil and cooling system for proper levels.															
K.) Check level of hydraulic system.															
L.) Check hydraulic hoses and hose connections for wear and leaks.															
M.) Check overhead and other guards are attached.															
N.) Check steps, pedals, and non skid surfaces for damage.															
O.) Check condition of seat belt.															
P.) Check service and parking brakes for proper operation.															
Q.) Check gauges, controls, back-up alarm, horn, and lights for proper operation.															
OPERATOR INITIALS															

COMMENTS:

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Inspection items	Day of the Month															
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
✓ = Good N/A=Not Applicable X = Repair																
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