UNC Charlotte Environmental Health and Safety Forklift Pre-Use Inspection Form															
Department Name:	Forklift Name:					Тур	Type: Gas LP Battery					Hour Meter:		Month/Year:	
Instructions: Complete the general information, visual walkaround and test control sections. Mark the corresponding day of the month with an "✓= Pass X = Fail N/A=Not Applicable. 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														
✓= Pass X = Fail N/A=Not Applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Visual Walkaround Conduct a thorough walk-around the forklift and work location before mounting the forklift or starting the engine. Look for loose bolts, debris buildup, oil or coolant leaks. Check the condition of lights, tires, mast, carriage, forks or attachments for damage. Check the fuel system (battery, gas, LP) for levels, secure and damage. Check the name/date plate and owners' manual.															
Test Controls  Test key, seat adjustments, seat belt, horn, parking brake and direction control lever.  Test the operational controls (brakes, steering, directions signals, mast, and attachments).															
OPERATOR INITIALS															
COMMENTS:		1	•	•	•	1	•	•		1	1	1			,

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