

OPERATOR'S DAILY INSPECTION
FORKLIFT/TELEHANDLER/AERIAL LIFT INSPECTION FORM (FORM 11)

TRUCK #: _____ MAKE: _____ DATE: _____

HOUR METER READING: _____ START: _____ END: _____

CHECK EACH ITEM. IF OK, SELECT CHECK BOX.	SHIFT START	SHIFT END	EXPLAIN BELOW IF NOT OK OR ANY OTHER ACTION TAKEN
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BATTERY-POWERED LIFT TRUCKS

BATTERY TEST			
BATTERY CONNECTIONS TIGHT - NO CORROSION			

ENGINE-POWERED LIFT TRUCKS

FUEL LEVEL			
OIL LEVEL AND PRESSURE			
WATER LEVEL AND FAN BELT			

ALL LIFT TRUCKS

FORKS / ATTACHMENTS / BASKET			
BRAKES - SERVICE AND PARKING			
LIGHTS - HEAD, TAIL & WARNING			
HORN			
HOUR METER AND GAUGES			
STEERING			
TIRES			
HYDRAULIC CONTROLS			
OTHER			

REMARKS & ADDITIONAL EXPLANATION OR SUGGESTIONS:

OPERATOR'S SIGNATURE: _____