



FORKLIFT CHECKLIST

To Be Completed by a trained operator.

Forklift Make: _____ Model: _____ REGO/NO: _____

Forklift Capacity: _____ Forward Tilt Capacity: _____

Visual check of the forklift		Conducted with the engine off.	Y N
Data plate/Load rating plate	Fitted & Readable		<input type="checkbox"/> <input type="checkbox"/>
Warning decals	Readable		<input type="checkbox"/> <input type="checkbox"/>
Mast	Lubricated & No Damage		<input type="checkbox"/> <input type="checkbox"/>
Hydraulics	No Leaks or Damage		<input type="checkbox"/> <input type="checkbox"/>
Forks	Square (max 93deg), No cracks. Even.		<input type="checkbox"/> <input type="checkbox"/>
Seat and Seat Belt	Good Condition & Functional		<input type="checkbox"/> <input type="checkbox"/>
Safety Guards	Secure & Good Condition		<input type="checkbox"/> <input type="checkbox"/>
Tyres	Inflation Correct & No Damage. PSI: __		<input type="checkbox"/> <input type="checkbox"/>
Wheels	No cracks. Nuts & Studs Secure		<input type="checkbox"/> <input type="checkbox"/>
Fluid Leaks	No Fluid Leaks under Machine		<input type="checkbox"/> <input type="checkbox"/>
Engine Oil	Level Correct		<input type="checkbox"/> <input type="checkbox"/>
Transmission Oil	Level Correct		<input type="checkbox"/> <input type="checkbox"/>
Hydraulic Oil	Level Correct		<input type="checkbox"/> <input type="checkbox"/>
Brake fluid	Level Correct		<input type="checkbox"/> <input type="checkbox"/>
Coolant	Level Correct for Temperature		<input type="checkbox"/> <input type="checkbox"/>
Battery	Bracket & Terminals Secure & Clean		<input type="checkbox"/> <input type="checkbox"/>
Battery Electrolyte	Levels Correct & Caps in place		<input type="checkbox"/> <input type="checkbox"/>
Horn	Operation & Volume		<input type="checkbox"/> <input type="checkbox"/>

Function Checks		Conducted with the engine running	Y N
Mast	Extends to full height		<input type="checkbox"/> <input type="checkbox"/>
Mast	Extends to full height		<input type="checkbox"/> <input type="checkbox"/>
Mast Chain	Chains Equal tension each side		<input type="checkbox"/> <input type="checkbox"/>
Side shift	Moves left and Right		<input type="checkbox"/> <input type="checkbox"/>
Moving Parts	No unusual noise		<input type="checkbox"/> <input type="checkbox"/>
Controls	All controls operate correctly		<input type="checkbox"/> <input type="checkbox"/>
Reversing Beeper	Operates in Reverse		<input type="checkbox"/> <input type="checkbox"/>
Rotating Beacon	Rotates & Visible		<input type="checkbox"/> <input type="checkbox"/>
Foot Brakes	Firm pedal action		<input type="checkbox"/> <input type="checkbox"/>
Handbrake functioning	Holds in FWD and REV		<input type="checkbox"/> <input type="checkbox"/>
Driving Inspection		Conducted driving in circle/figure 8	Y N
Steering	Do Figure 8. Firm. No unusual noises		<input type="checkbox"/> <input type="checkbox"/>
Foot Brake Test	Stops if applied lightly in FWD & REV		<input type="checkbox"/> <input type="checkbox"/>
Model-Specific Checks		Cross out if not applicable	Y N
Gas cylinder	No leaks. Bracket Secure. Cyl in Date.		<input type="checkbox"/> <input type="checkbox"/>
Gas/Fuel/Battery Charge	Sufficient for the days work		<input type="checkbox"/> <input type="checkbox"/>
Attachment Security	Attachment Secure & Pins Secure		<input type="checkbox"/> <input type="checkbox"/>
Attachment Damage	Attachment not damaged		<input type="checkbox"/> <input type="checkbox"/>

Faults Identified: _____

Maintenance Required/Administered: _____

Operator/Inspector Name: _____ Signature: _____ Date: _____ Hours/Odometer: _____

WARNING! Do not operate machine if not safe to operate!
If ANY are ticked N for NON-COMPLIANT, Tag out machine and refer this sheet to supervisor to ensure repairs are carried out!