



WEEKLY FORKLIFT INSPECTION FORM

LIFT #:	Company Name:							
Job #:	Week Beginning:				Week Ending:			
<p>OSHA 1910.178(q)(7) "Industrial trucks shall be examined before being placed in service". <u>Instruction:</u> The designated inspector will place a (√) in the appropriate box when an item passes inspection. Leave the box empty and underline item identified as deficient and note a brief description of problem. Immediately notify management of all deficiencies.</p>								
Operating Controls (Operation)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Parking/Service Brakes								
Operating Levers/Controls								
Gauges/Instruments								
Foot Controls								
Mast/Forks								
*Hydraulic Lines/Cylinders (leaks)								
Cylinders/Chain								
Pivot Pins								
Load Backrest/Forks								
Vert. Mast Sliding & Rolling Parts								
Machine Base								
Broken/Cracked or Loose Parts								
Overhead Guard								
Head/Tail Lights								
Seat Belt								
Tires/Wheels: Pressure/Wear								
Damage/Lug Nuts								
Required Warning Stickers/Load Charts/Operator's Manual								
Back Up Alarm/Horn								
Engine Compartment								
Engine/Hydraulic Oil Level								
Fuel Level								
Belts/Hoses/Engine Condition								
Battery/Electrical								
Rough Terrain Forklift								
Out Riggers/Carriage								
Frame Level/Angle Indicator								
Addition Notes:								
Signature:						Date:		

*DANGER: Hydraulic injection injury may occur. If you see a leaking hydraulic line DO NOT touch. Visual inspections only, report all leaks.

DISCLAIMER: This *Weekly Forklift Inspection Form* is only a guide. Always read and understand the operators manual before operating this machine. It is the responsibility of the user to ensure all operators are trained in compliance with OSHA 1910.178(i)