# Forklift Daily Pre-Shift Inspection Checklist

*OSHA 29 CFR 1910.178 | Powered Industrial Trucks*

| | | | |
|---|---|---|---|
| **Date:** _____ | **Shift:** _____ | **Truck #:** _____ | **Hour Meter:** _____ |
| **Operator:** _____ | **Dept:** _____ | **Type: IC / Electric** | **Fuel: Gas / LPG / Diesel** |

## Part 1: Visual Checks (Engine Off)

| Inspection Item | Expected Condition | OK | Fail |
|---|---|---|---|
| **Fluid Leaks** | No puddles or wet spots. No hydraulic, oil, coolant, or fuel leaks. | | |
| **Tires & Wheels** | Adequate tread, no cuts/damage, properly inflated. Lug nuts tight. | | |
| **Forks** | No cracks, bends, or excessive wear. Tips aligned. Lock pins in place. | | |
| **Mast & Chains** | Chains lubricated, no kinks or broken links. Mast rails undamaged. | | |
| **Hydraulic Hoses** | No leaks, cracks, abrasion, or bulging. Connections secure. | | |
| **Overhead Guard** | Securely attached, no cracks. All mounting bolts tight. | | |
| **Load Backrest** | Securely attached and undamaged. | | |
| **Seat & Seatbelt** | Seat secure, adjustment works. Seatbelt retracts and latches properly. | | |
| **Safety Labels** | Capacity data plate legible. All warning labels present. | | |
| **Fluid Levels (IC)** | Engine oil, coolant, hydraulic fluid, brake fluid at proper levels. | | |
| **Fuel System (IC)** | Fuel cap secure, no leaks. LPG tank secured, fittings undamaged. | | |
| **Battery (Electric)** | Connector secure, electrolyte adequate, no corrosion. Restraint in place. | | |

## Part 2: Operational Checks (Engine Running)

| Inspection Item | Expected Condition | OK | Fail |
|---|---|---|---|
| **Service Brake** | Adequate stopping power, no pulling. Firm pedal feel. | | |
| **Parking Brake** | Holds on level surface and grades. Engages/releases smoothly. | | |
| **Steering** | Responsive, no excessive play or binding. Full turns smooth. | | |
| **Horn** | Audible and functioning. | | |
| **Lights** | Headlights, taillights, and warning lights all operational. | | |

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|---|---|---|---|
| **Backup Alarm** | Audible alarm sounds in reverse (if equipped). | | |
| **Gauges** | All within normal range. Warning lights clear after startup. | | |
| **Mast Operation** | Lift, lower, tilt smooth through full range. No jerking or drifting. | | |
| **Side Shift** | Operates smoothly both directions (if equipped). | | |
| **Unusual Noises** | No grinding, clicking, squealing, or excessive vibrations. | | |
| **Exhaust (IC)** | No excessive smoke. Exhaust system intact, no leaks. | | |
| **Drive/Transmission** | Smooth forward/reverse engagement. No slipping or grinding. | | |

## Deficiencies & Corrective Actions

| Deficiency Description | Corrective Action | Assigned To | Date Fixed |
|---|---|---|---|
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**Forklift Condition:** SAFE to operate / UNSAFE – removed from service

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

*If any item fails inspection, immediately remove the forklift from service, tag as Out of Service, and report to your supervisor. Only authorized maintenance personnel may perform repairs.*

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