

Forklift Truck Operator Pre-Use Checks



Vehicle Serial / Identification Number: _____

| Check Items | OK | Defect |
|-------------|----|--------|
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Visual Checks

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| 1 | General: Good condition with no damage, excessive dirt or rust. Any defects previously noted repaired. | <input type="checkbox"/> |
| 2 | Forks: Correctly positioned, not damaged, cracked, bent or worn. Anchor pins secure and not worn, loose or bent. | <input type="checkbox"/> |
| 3 | Carriage Plate: No damage or distortion, sitting square to the mast and lubricated. End stop bolts engaged and secure. | <input type="checkbox"/> |
| 4 | Mast: No damage, distortion or cracks. No undue wear, scoring, dirt or foreign bodies in channels. End stops secure. Rollers, no uneven wear or incorrect tracking. Slides intact and secure. | <input type="checkbox"/> |
| 5 | Back Rest Extension / Load Guard: In good condition, secure with no distortion or cracks. | <input type="checkbox"/> |
| 6 | Lift Chains: Not damaged, worn, or stretched, no broken links or rust. All pins in place. | <input type="checkbox"/> |
| 7 | Tyres: No damage, excessive dirt or wear, rust, cracks, splits or separation of tyres of and rims. Pneumatic tyres correct air pressure. | <input type="checkbox"/> |
| 8 | Wheels: Undamaged and free from obstruction and debris. All nuts secure and in place. | <input type="checkbox"/> |
| 9 | Overhead Guard / Roll Over Protection Frame: Secure, undamaged with no loose items. | <input type="checkbox"/> |
| 10 | Energy Source: | <input type="checkbox"/> |
| | Gas or Diesel: Engine oil, fuel, and radiator water level correct. Gas bottle secured, no rust, corrosion or damaged pipes, hoses or seals. | <input type="checkbox"/> |
| | Electric: Electrolyte level, battery plug and connections correct. Power cable intact, connected and secure. No exposed wires, battery brackets secure and battery adequately charged. | <input type="checkbox"/> |
| 11 | Hydraulics: No damage or fluid leaks, no splits in hoses, no leaks around fittings. | <input type="checkbox"/> |
| 12 | Identification / Rating Plate: Intact, clean and legible. | <input type="checkbox"/> |
| 13 | Operator's Compartment: Clean with no loose items. | <input type="checkbox"/> |
| 14 | Access: Steps and grab handles in good condition and clean. | <input type="checkbox"/> |
| 15 | Lights, Windscreen and Mirror (if fitted): Clean and undamaged. | <input type="checkbox"/> |
| 16 | Fire Extinguisher (if fitted): Secure and charged. | <input type="checkbox"/> |

Operational Checks

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| 17 | Seat: Good condition, secure and adjusted correctly. | <input type="checkbox"/> |
| 18 | Safety Belt: Accessible, in good condition and working correctly. | <input type="checkbox"/> |
| 19 | Ignition & Electrical System: Working correctly. All gauges and instruments visible and working. | <input type="checkbox"/> |
| 20 | Reversing Alarm and Horn: Working correctly and audible. | <input type="checkbox"/> |
| 21 | Warning Lights & Lights (if fitted): Working correctly. | <input type="checkbox"/> |
| 22 | Hydraulic Controls: Working smoothly and correctly. | <input type="checkbox"/> |
| 23 | Brakes (Foot & Parking): Working correctly. | <input type="checkbox"/> |
| 24 | Clutch & Gearshift: Working smoothly and correctly. | <input type="checkbox"/> |
| 25 | Steering: Working correctly with no excessive play. | <input type="checkbox"/> |
| 26 | Exhaust: No excessive smoke, sparks or flames. | <input type="checkbox"/> |

Defect Details:

Operator's Signature _____

Date: _____

Manager's / Supervisor's Signature _____

Date: _____