



Forklift Operator's Daily Inspection Report

Rental Company: _____

Make & Model: _____

Date: _____

Employee								Check each item. Note any problems and/or repairs below or on back. If the unit is unsafe – DO NOT OPERATE until repairs have been made.
	Date:							
Week Day:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
Hours Meter Reading:								
Exterior - Headlights								
Strobe Light								
Tires								
Outriggers								
Mirrors								
Boom – Nuts and Bolts								
Safety Guard								
Forks, Mast								
Meters/Gauges - Fuel								
Battery Charge								
Oil Pressure								
Water Temp.								
Seat Belt								
Engine – Oil Level								
Water Level								
Hydraulic Oil								
Power Steering Fluid								
Fan Belt								
Fuel Level								
Horn – Reverse Alarm								
Fire Extinguisher								
Hydraulic Controls								
Operate in all directions								
Telescope In/Out								
Drive – Forward								
Reverse								
Brakes								
Hydraulic System								
Cylinders								
Hoses								
Parking Brake								
Name Plate								
Safety signs								
Load Charts								
Note: Mark with a check mark if OK. Mark with an "X" if defective. Mark with a dash "---" if not applicable.								