PRE-SHIFT INSPECTION FORM

Powered Industrial Truck / Forklift

OPERATOR & EQUIPMENT INFORMATION

Date: _____ Time: _____ Shift: ☐ 1st ☐ 2nd ☐ 3rd

Operator Name: _____ Employee ID: _____

Forklift ID / Unit #: _____ Hour Meter Reading: _____

Type: ☐ Sit-down ☐ Stand-up ☐ Reach ☐ Other Fuel: ☐ Electric ☐ Propane ☐ Diesel

1 VISUAL / EXTERIOR INSPECTION

	OK	NEEDS REPAIR
Forks – Not bent, cracked, or excessively worn	☐	☐
Mast & Chains – No visible damage, proper lubrication	☐	☐
Tires & Wheels – Proper inflation, no cuts or damage	☐	☐
Overhead Guard – Securely mounted, no cracks	☐	☐
Load Backrest – Secure and undamaged	☐	☐
Data Plate – Legible and attached to unit	☐	☐

2 OPERATIONAL CHECKS

	OK	NEEDS REPAIR
Parking Brake – Holds on incline	☐	☐
Service Brake – Stops smoothly, no pulling	☐	☐
Steering – Smooth operation, no excessive play	☐	☐
Lift / Lower Controls – Smooth, no drift	☐	☐
Tilt / Attachment Controls – Operate properly	☐	☐
Horn – Audible and functioning	☐	☐

3 SAFETY DEVICES & WARNINGS

	OK	NEEDS REPAIR
Seat Belt / Operator Restraint – Functions properly	☐	☐
Warning Lights / Strobe – Operational	☐	☐
Backup Alarm – Audible and working	☐	☐
Mirrors – Clean, properly adjusted	☐	☐
Fire Extinguisher – Present and charged (if required)	☐	☐
Head / Tail / Work Lights – Working properly	☐	☐

4 FLUID LEVELS / POWER SOURCE

	OK	NEEDS REPAIR
Engine Oil – At proper level (IC trucks)	☐	☐
Hydraulic Fluid – At proper level	☐	☐
Coolant – At proper level (IC trucks)	☐	☐
Fuel / LPG Tank – Adequate supply, no leaks	☐	☐
Battery (Electric) – Charged, connections tight	☐	☐
No Visible Leaks – Oil, fuel, hydraulic, coolant	☐	☐

PEDESTRIAN SAFETY AWARENESS

- ☐ I have inspected my travel route for pedestrian hazards
- ☐ Warning lights, strobe, and horn are operational
- ☐ I understand right-of-way rules in this facility
- ☐ I will maintain safe following distances and travel speeds
- ☐ I will sound horn at blind corners, intersections, and doorways

DEFECTS / COMMENTS / REPAIRS NEEDED

CERTIFICATION STATEMENT

I certify that I have inspected this powered industrial truck in accordance with OSHA 29 CFR 1910.178 and company policies. I am trained, certified, and authorized to operate this equipment. Any defects noted above have been reported to my supervisor.

FORKLIFT STATUS: ☐ SAFE TO OPERATE ☐ NEEDS REPAIR – DO NOT OPERATE

Operator Signature: _____ Date: _____ Time: _____

Supervisor Review (if defects noted): _____ Date: _____ Initials: _____

OSHA 29 CFR 1910.178(q)(7) requires pre-shift examinations of powered industrial trucks.

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