FORKLIFT OPERATOR DAILY REPORT

ENGINE–POWERED LIFT TRUCKS

Truck # _____ **Make** _____ **Hour Meter Reading** _____

Date/Shift _____ _____ _____ _____ _____ _____

	OK	Not	OK	Not	OK	Not	OK	Not	OK	Not	OK	Not
1. Fuel Level												
2. Oil Level & Pressure												
3. Water Level, Fan Belt & Hoses												
4. Brakes: Service & Set Brake												
5. Lights: Head, Tail & Warning												
6. Horn & Back Up Alarm												
7. Hour Meter & Gauges												
8. Steering												
9. Tires												
10. Hydraulic Controls & Hydraulic Oil Level												
11. Hydraulic Cylinders & Hoses												
12. Lift Chains												
13. Seatbelts												
14. Condition of Forks												
15. Other												

IF NOT OK, EXPLAIN DEFICIENCY & CORRECTIVE ACTION

Date	**Explanation**

Inspected By _____