



FORKLIFT CHECKLIST

To Be Completed by a trained operator.

Forklift Make: _____ Model: _____ REGO/NO: _____

Forklift Capacity: _____ Forward Tilt Capacity: _____

| Visual check of the forklift | | Conducted with the engine off. | Y N |
|-------------------------------------|--|--------------------------------|---|
| Data plate/Load rating plate | Fitted & Readable | | <input type="checkbox"/> <input type="checkbox"/> |
| Warning decals | Readable | | <input type="checkbox"/> <input type="checkbox"/> |
| Mast | Lubricated & No Damage | | <input type="checkbox"/> <input type="checkbox"/> |
| Hydraulics | No Leaks or Damage | | <input type="checkbox"/> <input type="checkbox"/> |
| Forks | Square (max 93deg), No cracks. Even. | | <input type="checkbox"/> <input type="checkbox"/> |
| Seat and Seat Belt | Good Condition & Functional | | <input type="checkbox"/> <input type="checkbox"/> |
| Safety Guards | Secure & Good Condition | | <input type="checkbox"/> <input type="checkbox"/> |
| Tyres | Inflation Correct & No Damage. PSI: __ | | <input type="checkbox"/> <input type="checkbox"/> |
| Wheels | No cracks. Nuts & Studs Secure | | <input type="checkbox"/> <input type="checkbox"/> |
| Fluid Leaks | No Fluid Leaks under Machine | | <input type="checkbox"/> <input type="checkbox"/> |
| Engine Oil | Level Correct | | <input type="checkbox"/> <input type="checkbox"/> |
| Transmission Oil | Level Correct | | <input type="checkbox"/> <input type="checkbox"/> |
| Hydraulic Oil | Level Correct | | <input type="checkbox"/> <input type="checkbox"/> |
| Brake fluid | Level Correct | | <input type="checkbox"/> <input type="checkbox"/> |
| Coolant | Level Correct for Temperature | | <input type="checkbox"/> <input type="checkbox"/> |
| Battery | Bracket & Terminals Secure & Clean | | <input type="checkbox"/> <input type="checkbox"/> |
| Battery Electrolyte | Levels Correct & Caps in place | | <input type="checkbox"/> <input type="checkbox"/> |
| Horn | Operation & Volume | | <input type="checkbox"/> <input type="checkbox"/> |

| Function Checks | | Conducted with the engine running | Y N |
|------------------------------|--|--------------------------------------|---|
| Mast | Extends to full height | | <input type="checkbox"/> <input type="checkbox"/> |
| Mast | Extends to full height | | <input type="checkbox"/> <input type="checkbox"/> |
| Mast Chain | Chains Equal tension each side | | <input type="checkbox"/> <input type="checkbox"/> |
| Side shift | Moves left and Right | | <input type="checkbox"/> <input type="checkbox"/> |
| Moving Parts | No unusual noise | | <input type="checkbox"/> <input type="checkbox"/> |
| Controls | All controls operate correctly | | <input type="checkbox"/> <input type="checkbox"/> |
| Reversing Beeper | Operates in Reverse | | <input type="checkbox"/> <input type="checkbox"/> |
| Rotating Beacon | Rotates & Visible | | <input type="checkbox"/> <input type="checkbox"/> |
| Foot Brakes | Firm pedal action | | <input type="checkbox"/> <input type="checkbox"/> |
| Handbrake functioning | Holds in FWD and REV | | <input type="checkbox"/> <input type="checkbox"/> |
| Driving Inspection | | Conducted driving in circle/figure 8 | Y N |
| Steering | Do Figure 8. Firm. No unusual noises | | <input type="checkbox"/> <input type="checkbox"/> |
| Foot Brake Test | Stops if applied lightly in FWD & REV | | <input type="checkbox"/> <input type="checkbox"/> |
| Model-Specific Checks | | Cross out if not applicable | Y N |
| Gas cylinder | No leaks. Bracket Secure. Cyl in Date. | | <input type="checkbox"/> <input type="checkbox"/> |
| Gas/Fuel/Battery Charge | Sufficient for the days work | | <input type="checkbox"/> <input type="checkbox"/> |
| Attachment Security | Attachment Secure & Pins Secure | | <input type="checkbox"/> <input type="checkbox"/> |
| Attachment Damage | Attachment not damaged | | <input type="checkbox"/> <input type="checkbox"/> |

Faults Identified: _____

Maintenance Required/Administered: _____

Operator/Inspector Name: _____ Signature: _____ Date: _____ Hours/Odometer: _____

WARNING! Do not operate machine if not safe to operate!
If ANY are ticked N for NON-COMPLIANT, Tag out machine and refer this sheet to supervisor to ensure repairs are carried out!