



SKID-STEER CHECKLIST

To Be Completed by a trained operator.

Make: _____ Model: _____ REGO/NO: _____

Skid-Steer Lifting Capacity: _____

Visual check of the forklift		Y	N
Conducted with the engine off.			
Data plate/Load rating plate	Fitted & Readable	<input type="checkbox"/>	<input type="checkbox"/>
Warning decals	Readable	<input type="checkbox"/>	<input type="checkbox"/>
Lift Arms	Lubricated & No Damage	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulics	No Leaks or Damage	<input type="checkbox"/>	<input type="checkbox"/>
Quick-Hitch	Functional, Not Seized, No Damage.	<input type="checkbox"/>	<input type="checkbox"/>
Seat and Seat Belt	Good Condition & Functional	<input type="checkbox"/>	<input type="checkbox"/>
Safety Bar	Operates. Engine won't start with it up.	<input type="checkbox"/>	<input type="checkbox"/>
FOPS & Side Mesh	Secure & Good Condition	<input type="checkbox"/>	<input type="checkbox"/>
Wheels	No cracks. Nuts & Studs Secure	<input type="checkbox"/>	<input type="checkbox"/>
Tyres	Inflation Correct & No Damage. PSI: __	<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"/>
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		Y	N
Conducted with the engine running			
Lift Arms	Extends to full height	<input type="checkbox"/>	<input type="checkbox"/>
Tilt/Crowd	Tilts and Crowds to full travel.	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Hydraulics	Operates Attachment i.e. 4-in-1 bucket.	<input type="checkbox"/>	<input type="checkbox"/>
Moving Parts	No unusual noise	<input type="checkbox"/>	<input type="checkbox"/>
Hand Controls	All controls operate correctly	<input type="checkbox"/>	<input type="checkbox"/>
Foot Pedals	Not fouled. Clean. 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"/>
Park Brake	Hold Machine on incline.	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Lockout.	Locks controls & Hydraulics.	<input type="checkbox"/>	<input type="checkbox"/>
Driving Inspection	Conducted driving in circle/figure 8	Y	N
Steering	Steers well. No undue noise/stress	<input type="checkbox"/>	<input type="checkbox"/>
Creep	No creeping when controls neutralized.	<input type="checkbox"/>	<input type="checkbox"/>
Model-Specific Checks	Cross out if not applicable	Y	N
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"/>
Ground-Engaging Surface	Teeth/blade not damaged/loose/worn.	<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!