

LIFT TRUCK OPERATOR'S DAILY/WEEKLY INSPECTION REPORT

INTERNAL COMBUSTION LIFT TRUCKS

OPERATOR'S NAME _____ HOUR METER READING (START OF WEEK) _____
 UNIT NO. _____ SERIAL NUMBER _____
 SHIFT 1 _____ 2 _____ 3 _____ SPECIAL ATTACHMENTS _____

IMPORTANT!

This check must be made by the truck operator daily at the start of the shift.

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Daily Inspection Check List for Week Beginning _____, 20____	OK	Needs Attn.	OK	Needs Attn.	OK	Needs Attn.	OK	Needs Attn.	OK	Needs Attn.	OK	Needs Attn.	OK	Needs Attn.
1. Engine Oil – Check level. (When oil must be added, show number Of quarts in "need attn." Column.)														
2. Fuel System – Check for leaks. (Report any leaks immediately.)														
3. Radiator – Check coolant level. (Caution.)														
4. Tires – Check for foreign particles, gouges and cuts; check pneumatic tire pressure.														
5. Mast, Carriage, Fork or Attachment – Check for loose or missing bolts and damage; check Chain; check adjustment and operation.														
6. Oil and Water – Check for leaks.														
7. Truck Damage – Explain in remarks section.														
8. Operator's Compartment – Inspect for cleanliness.														
9. Engine Oil Gauge – Check pressure. (Report any abnormal pressure Reading.)														
10. Fuel – Check level.														
11. Ammeter – Check charging rate (Report unusual readings.)														
12. Safety Equipment (Rotating lights, Back-up alarms, etc.) – Check operation.														
13. Steering – Check operation.														
14. Brakes – Check brake pedal travel and parking brake Adjustment.														
15. Truck Operation – Report any unusual operation or noises.														

REMARKS: _____

 _____ (Operator's Signature) (Date)

WEEKLY CHECK

	<u>OK</u>	<u>Needs Attn.</u>		<u>OK</u>	<u>Needs Attn.</u>
1. Clean Air Cleaner*	_____	_____	5. Oil Lines for Leaks	_____	_____
2. Hydraulic Oil Level	_____	_____	6. Battery Compartment and Electrolyte Level	_____	_____
3. Oil Clutch Level	_____	_____	7. Power Steering Oil level	_____	_____
4. Transmission Oil Level	_____	_____	8. Lift Chain Adjustment	_____	_____

*Where operating conditions require in accordance with agreement.

REMARKS: _____

 _____ (Operator's Signature) (Date)