

## **FORKLIFT DAILY INSPECTION SHEET**

**DATE:**

**FORKLIFT NO:**

**DEPARTMENT:**

**OPERATOR'S NAME:**

<b>NO</b>	<b>INSPECTION DESCRIPTION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>REMARKS</b>
1	AUTOMATIC TRANSMISSION FLUID LEVEL						
2	RADIATOR WATER LEVEL						
3	HYDRAULIC OIL LEVEL						
4	GENERAL CONDITION						
5	CLEANING CONDITION						
6	CARE & MAINTENANCE						
7	ENGINE OIL LEVER						
8	STARTER MOTOR CONDITION						
9	ALTERNATOR CONDITION						
10	BATTERY CONDITION						
11	BATTERY WATER LEVEL						
12	LIGHTS						
13	AIR ELEMENT						
14	TILT CYLINDER/MAST						
15	TIRES						

**INSPECTED BY:** .....

**KEY**

- 1 **WORSE**
- 2 **POOR**
- 3 **GOOD**
- 4 **VERY GOOD**
- 5 **EXCELLENT**