

**Lift Truck Inspection Report  
Internal Combustion Lift Truck**

Shop/Area \_\_\_\_\_ Type \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_ Special Attachments \_\_\_\_\_

A vehicle check must be performed prior to each use. Please write the date of the vehicle check in the space provided and indicate whether each item is OK (yes) or needs attention (no) in the corresponding column. Any items that need attention must be corrected before use. If attention is required please list specific details and the applicable date in the remarks area. The person performing the check must provide their signature below each column.

	Date	Date	Date	Date	Date	Date	Date
	_____	_____	_____	_____	_____	_____	_____
	OK?	OK?	OK?	OK?	OK?	OK?	OK?
1. Engine Oil-Check level - When oil must be added, please list number of quarts _____	_____	_____	_____	_____	_____	_____	_____
2. Fuel System-Check for leaks (Report any leaks immediately)	_____	_____	_____	_____	_____	_____	_____
3. Radiator (Use caution when checking coolant level)	_____	_____	_____	_____	_____	_____	_____
4. Tires-Check for foreign particles, gouges, 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, horn, 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	_____	_____	_____	_____	_____	_____	_____
Signature of person performing check	_____	_____	_____	_____	_____	_____	_____

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_