

Weekly Lift Truck Inspection Report

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. Clean Air Cleaner*	_____	_____	_____	_____	_____	_____	_____
2. Hydraulic Oil Level	_____	_____	_____	_____	_____	_____	_____
3. Oil Clutch Level	_____	_____	_____	_____	_____	_____	_____
4. Transmission Oil Level	_____	_____	_____	_____	_____	_____	_____
5. Oil Lines for Leaks	_____	_____	_____	_____	_____	_____	_____
6. Battery Compartment and Electrolyte Level	_____	_____	_____	_____	_____	_____	_____
7. Power Steering Oil Level	_____	_____	_____	_____	_____	_____	_____
8. Lift Chain Adjustment	_____	_____	_____	_____	_____	_____	_____

*Where operating conditions require in accordance with agreement.

Signature of person performing check _____

Remarks _____

