Forklift Truck Driver's Daily/Shift Checklist (Copy)

This checklist is to record all findings when conducting routine inspections of vehicles prior to start operating. Check the box for each statement below if it is accurate. Use NA if not applicable. Y means reaching the requirement, N means fixing required.

Please DON'T use the forklift if any 'NO' selected and report to the Team leader, WHS Coordination Officer and College Manager.

* Required

* This form will record your name, please fill your name.

[   ]

1. Vehicle Registration No. *

[   ]

2. Odometer Reading *

[   ]

3. Location (Building name and number, eg. Purple 11) *

4. **VISUAL CHECKS** *

	YES	NO	N/A
Engine Oil Level	○	○	○
Radiator Coolant Level	○	○	○
Fuel Level	○	○	○
Brake Fluid	○	○	○
Hydraulic Oil Level	○	○	○
Battery Electrolyte Level/Condition	○	○	○
Wheel Nuts Secure	○	○	○
Tyre Condition	○	○	○
Load Notice	○	○	○
Fire Extinguisher if fitted	○	○	○

5. **OPERATIONAL CHECKS** *

	YES	NO	N/A
Seat Belts	◯	◯	◯
Drain Air Tanks	◯	◯	◯
Park Brake	◯	◯	◯
Service Brake	◯	◯	◯
Clutch/Inching Pedal	◯	◯	◯
Steering	◯	◯	◯
Gauges & Instruments	◯	◯	◯
Horn	◯	◯	◯
Lights & Indicators	◯	◯	◯
Mast & Attachments	◯	◯	◯
Reverse Alarm/Forward Alarm	◯	◯	◯
Air Conditioner	◯	◯	◯

6. Additional Comments:

Submission

Please <u>DON'T use the forklift if any 'NO' selected</u> and report to the Team Leader, WHS Coordination Officer and College Manager.