



**PIT / Forklift
Inspection Checklist
Class I (sit down) Electric Motor
Cushion Tire**



Company Name _____

Date ____/____/____ Unit # _____ Hours _____
Operator _____

Read and understand the operator's/safety manual for this forklift.

Follow the manufacturer's instructions and company procedures for forklift inspection.

Check (v) if OK Circle for Problems NA = Not Applicable

| |
|-------------------------|
| Operators/Safety Manual |
| Data Plate |
| Warning Decals |

| Battery | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Proper PPP for Maintenance |
| <input type="checkbox"/> | Spill Kit & Eye Wash Station |
| <input type="checkbox"/> | Battery Charged |
| <input type="checkbox"/> | Water Level |
| <input type="checkbox"/> | No Obvious Odor (rotten egg smell) |
| <input type="checkbox"/> | Cables/Connections |
| <input type="checkbox"/> | Vent Caps |
| <input type="checkbox"/> | Batter Retainer/Side Cover |
| <input type="checkbox"/> | Leaking Fluid |
| <input type="checkbox"/> | General Condition |
| <input type="checkbox"/> | Other (list) |

| Vehicle Inspection | |
|---------------------------|---|
| <input type="checkbox"/> | Hydraulic Fluid |
| <input type="checkbox"/> | Wheels/Tires |
| <input type="checkbox"/> | Body Condition |
| <input type="checkbox"/> | Overhead Guard |
| <input type="checkbox"/> | Forks/Mast/Locking Pins |
| <input type="checkbox"/> | Load Backrest |
| <input type="checkbox"/> | Lifting Mechanism (chains, hoses, etc.) |
| <input type="checkbox"/> | Fluid Leaks |
| <input type="checkbox"/> | Fire Extinguisher |
| <input type="checkbox"/> | Other (list) |

| Function Check | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Motor-Running |
| <input type="checkbox"/> | Service Brake |
| <input type="checkbox"/> | Throttle |
| <input type="checkbox"/> | Parking Brake |
| <input type="checkbox"/> | Horn/Reverse Alarm/Blue Light |
| <input type="checkbox"/> | Fork Lift/Lower |
| <input type="checkbox"/> | Fork Tilt (forward, backward) |
| <input type="checkbox"/> | Side Shift (left, right) |
| <input type="checkbox"/> | Attachments |
| <input type="checkbox"/> | Steering |
| <input type="checkbox"/> | Gauges |
| <input type="checkbox"/> | Lights |
| <input type="checkbox"/> | Mirrors |
| <input type="checkbox"/> | Other (list) |

| Notes |
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