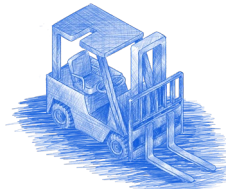


**PIT / Forklift
Inspection Checklist
Class I (sit down) Electric Motor
Pneumatic Tire**



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

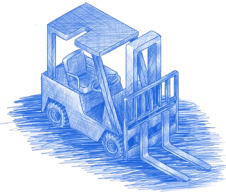
<input type="checkbox"/>	Operators/Safety Manual
<input type="checkbox"/>	Data Plate
<input type="checkbox"/>	Warning Decals

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)

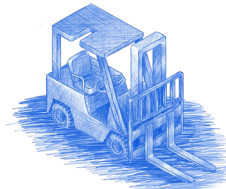
Vehicle Inspection	
<input type="checkbox"/>	Hydraulic Fluid
<input type="checkbox"/>	Wheels/Tires/PSI
<input type="checkbox"/>	Body Condition
<input type="checkbox"/>	Overhead Guard
<input type="checkbox"/>	Forks/Mast/Locking Pins
<input type="checkbox"/>	Load Backrest
<input type="checkbox"/>	Lifting 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	



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



Company Name

Date ____/____/____

Unit # _____

Hours _____

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Notes