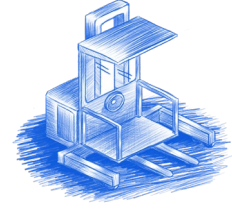


**PIT / Forklift
Inspection Checklist
Class II Order Picker**



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

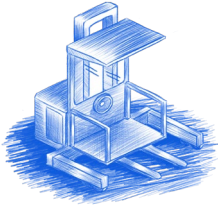
Operators/Safety Manual
Data Plate
Warning Decals
Safety Harness/lanyard/Tether

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

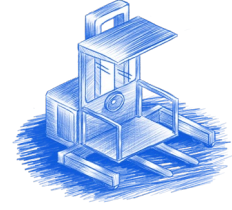
Vehicle Inspection	
Hydraulic System/Fluid	
Wheels/Tires	
Body Condition	
Overhead Guard	
Forks	
Lifting Mechanism (chains, hoses, etc.)	
Side Rails	
Fluid Leaks	
Fire Extinguisher	
Other (list)	

Function Check	
Motor-Running	
Directional (multi-control) Handle	
Steering Knob	
Parking Brake/Dead Man's Pedal	
Plugging (works properly)	
Horn/Reverse Alarm/Blue Light	
Platform/Forks (lift/lower)	
Manual Lowering/Descent	
Attachments	
Gauges	
Lights	
Mirrors	
Other (list)	

Notes	



**PIT / Forklift
Inspection Checklist
Class II Order Picker**



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
<input type="checkbox"/>	Safety Harness/lanyard/Tether

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 System/Fluid
<input type="checkbox"/>	Wheels/Tires
<input type="checkbox"/>	Body Condition
<input type="checkbox"/>	Overhead Guard
<input type="checkbox"/>	Forks
<input type="checkbox"/>	Lifting Mechanism (chains, hoses, etc.)
<input type="checkbox"/>	Side Rails
<input type="checkbox"/>	Fluid Leaks
<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Other (list)

Function Check	
<input type="checkbox"/>	Motor-Running
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<input type="checkbox"/>	Attachments
<input type="checkbox"/>	Gauges
<input type="checkbox"/>	Lights
<input type="checkbox"/>	Mirrors
<input type="checkbox"/>	Other (list)

Notes