



POWERED INDUSTRIAL TRUCK INSPECTION FORM



Truck ID#: _____ Make: _____ Date: _____

Hour meter reading: Start: _____ End: _____

Place an O.K. in the correct column if the item is without defect.

Item	Start of Shift	During Shift	End of Shift	Specific Comments if not O.K.
Lights				
Tires				
Brakes-Service/Parking				
Horn				
Hour Meter & Gauges				
Steering				
Hydraulic Controls				
Mast				
Forks				
Seat Belt				
Other (list):				
If applicable:				
Battery or Charge				
Fuel level				
Oil Level & Pressure				
Water Level				
Fan Belt				
Other (list):				

DEFECTS REPORTED TO: _____

OPERATOR'S SIGNATURE: _____

PROJECT NAME: _____ JOB # _____

DO NOT OPERATE AN UNSAFE LIFT TRUCK!