# Forklift Inspection

Department: ___________________  Type of forklift: ___________________

Inspector: ___________________  Forklift ID: ______________________

Date: __________

<table>
<thead>
<tr>
<th>KEY OFF PROCEDURES – General Inspection</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overhead guard</td>
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<tr>
<td>Hydraulic cylinders</td>
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<tr>
<td>Mast assembly</td>
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<tr>
<td>Lift chains/rollers</td>
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<tr>
<td>Forks</td>
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<tr>
<td>Tires</td>
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<tr>
<td>LPG tank and locator pin</td>
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<tr>
<td>LPG tank hose</td>
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<tr>
<td>Gas gauge</td>
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<tr>
<td>Check engine oil level</td>
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<td></td>
<td></td>
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<tr>
<td>Examine battery</td>
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<td></td>
<td></td>
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<tr>
<td>Check hydraulic fluid level</td>
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<td></td>
<td></td>
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<tr>
<td>Check engine coolant level</td>
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<thead>
<tr>
<th>KEY ON PROCEDURE</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test front, tail and brake lights</td>
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</tbody>
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<table>
<thead>
<tr>
<th>ENGINE RUNNING PROCEDURES</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Check gauges – oil pressure indicator, ammeter indicator, hour meter, water temperature gauge</td>
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<tr>
<td>Equipment test – steering, brakes, horn, safety seat (if applicable)</td>
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<tr>
<td>Check operation of load-handling attachments</td>
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<tr>
<td>Check transmission fluid level</td>
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