

PRE-SHIFT INSPECTION POWER INDUSTRIAL TRUCKS

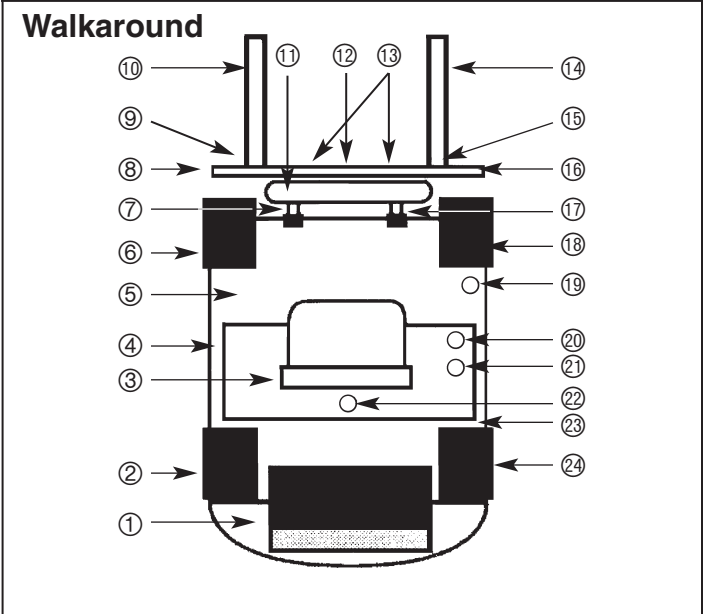
Date: _____ Time: _____
 Operator: _____
 Shift: _____ Truck # _____

Internal Combustion Lift Truck Check List

Check NO where problems are detected.

Visual Inspection	
NO	COMMENTS
1. <input type="checkbox"/> Propane	Bracket _____ Relief Valve _____ Fuel Level _____ Leaks _____ Safety Straps _____
2. <input type="checkbox"/> Rear Tire (left)	_____
3. <input type="checkbox"/> Seat Belt	_____
4. <input type="checkbox"/> Engine Compartment	Battery _____ Oil _____ Radiator _____
5. <input type="checkbox"/> Overhead Guard (left)	_____
6. <input type="checkbox"/> Front Tire (left)	_____
7. <input type="checkbox"/> Tilt Cylinder (left)	_____
8. <input type="checkbox"/> Carriage	_____
9. <input type="checkbox"/> Fork Locking Pin (left)	_____
10. <input type="checkbox"/> Fork (left)	Attachment if applicable _____
11. <input type="checkbox"/> Mast	_____
12. <input type="checkbox"/> Lift Cylinder	_____
13. <input type="checkbox"/> Lift Chains	_____
14. <input type="checkbox"/> Fork (right)	_____
15. <input type="checkbox"/> Fork Locking Pin (right)	_____
16. <input type="checkbox"/> Carriage	_____
17. <input type="checkbox"/> Tilt Cylinder (right)	_____
18. <input type="checkbox"/> Front Tire (right)	_____
19. <input type="checkbox"/> Transmission Fluid	_____
20. <input type="checkbox"/> Hydraulic Oil	_____
21. <input type="checkbox"/> Air Filter	_____
22. <input type="checkbox"/> Fan Belt	_____
23. <input type="checkbox"/> Overhead Guard (right)	_____
24. <input type="checkbox"/> Rear Tire (right)	_____

Operational Inspection	
NO	COMMENTS
A. <input type="checkbox"/> Listen for Unusual Noise	Noise _____
B. <input type="checkbox"/> Check Service and Parking Brake	_____
C. <input type="checkbox"/> Lift Control	_____
D. <input type="checkbox"/> Tilt Control	_____
E. <input type="checkbox"/> Forward Driving	Accelerator _____ Steering _____ Braking _____
F. <input type="checkbox"/> Reverse Driving	Accelerator _____ Steering _____ Braking _____ Backing-up Alarm _____
G. <input type="checkbox"/> Lights	_____
H. <input type="checkbox"/> Horn	_____
I. <input type="checkbox"/> Gauges	_____
J. <input type="checkbox"/> Oil Spots on Floor	_____



CAUTION: This is not a complete list of all items which may require attention. Operators are responsible for ensuring that the lift truck is in proper working condition in accordance to manufacturer's specifications. **DO NOT** operate a lift truck if a problem is detected. Remove the keys, tag "Out of Operation," and report immediately.

SIGNATURE: _____