



## PRE-Delivery Inspection

### FORKLIFT CHECKLIST

Forklift Make:.....Model:.....REGO/NO:.....

Forklift Capacity:.....Forward Tilt Capacity:.....

| Visual check of the forklift  | Y                        | N                        | Function Checks             | Y                        | N                        |
|-------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Dataplate/Load rating plate   | <input type="checkbox"/> | <input type="checkbox"/> | Mast extends to height      | <input type="checkbox"/> | <input type="checkbox"/> |
| Warning decals readable       | <input type="checkbox"/> | <input type="checkbox"/> | Mast Chain tension check    | <input type="checkbox"/> | <input type="checkbox"/> |
| Mast lubricate and check      | <input type="checkbox"/> | <input type="checkbox"/> | Side shift moves correctly  | <input type="checkbox"/> | <input type="checkbox"/> |
| Hydraulic fluid leaks         | <input type="checkbox"/> | <input type="checkbox"/> | Moving Parts unusual noise  | <input type="checkbox"/> | <input type="checkbox"/> |
| Forks square and even         | <input type="checkbox"/> | <input type="checkbox"/> | Controls operate correctly  | <input type="checkbox"/> | <input type="checkbox"/> |
| Seat and Seat Belt condition  | <input type="checkbox"/> | <input type="checkbox"/> | Reversing Beeper            | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Guards secure          | <input type="checkbox"/> | <input type="checkbox"/> | Rotating Beacon operating   | <input type="checkbox"/> | <input type="checkbox"/> |
| Tyre inflation and condition  | <input type="checkbox"/> | <input type="checkbox"/> | Foot Brake pedal firm       | <input type="checkbox"/> | <input type="checkbox"/> |
| Wheel nuts secure             | <input type="checkbox"/> | <input type="checkbox"/> | Handbrake functioning       | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid leaks                   | <input type="checkbox"/> | <input type="checkbox"/> | <b>Driving Inspection</b>   |                          |                          |
| Engine Oil level              | <input type="checkbox"/> | <input type="checkbox"/> | Steering, Do figure 8       | <input type="checkbox"/> | <input type="checkbox"/> |
| Transmission Oil level        | <input type="checkbox"/> | <input type="checkbox"/> | Foot Brake Test             | <input type="checkbox"/> | <input type="checkbox"/> |
| Hydraulic Oil level           | <input type="checkbox"/> | <input type="checkbox"/> | <b>Model Specific Tests</b> |                          |                          |
| Brake fluid                   | <input type="checkbox"/> | <input type="checkbox"/> | Gas cylinder date           | <input type="checkbox"/> | <input type="checkbox"/> |
| Coolant                       | <input type="checkbox"/> | <input type="checkbox"/> | Gas/Fuel/Battery Charge     | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery bracket and terminals | <input type="checkbox"/> | <input type="checkbox"/> | Attachment Security         | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery Electrolyte           | <input type="checkbox"/> | <input type="checkbox"/> | Attachment Damage           | <input type="checkbox"/> | <input type="checkbox"/> |
| Horn                          | <input type="checkbox"/> | <input type="checkbox"/> | Other.....                  | <input type="checkbox"/> | <input type="checkbox"/> |

Faults Identified:.....

Operator/Inspector Name:.....

Signature:.....Date:.....Hours/Odometer:.....

WARNING! Do not operate machine if not safe to operate!  
If ANY are ticked N for NON-COMPLIANT, Tag out machine  
and refer this sheet to supervisor to ensure repairs are carried out!