

Forklift Daily Check: OSHA Shift Examination

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Truck and shift

DATE	OPERATOR NAME
UNIT NUMBER	HOOR METER
SHIFT	FUEL / POWER TYPE

Truck condition

Item	OK	Defect	N/A	Notes
Leaks	☐	☐	☐	
Tires	☐	☐	☐	
Wheels and lugs	☐	☐	☐	
Overhead guard	☐	☐	☐	
Operator compartment	☐	☐	☐	
Hydraulic hoses and cables	☐	☐	☐	
Operator's manual	☐	☐	☐	

Mast and forks

Item	OK	Defect	N/A	Notes
Forks	☐	☐	☐	
Top clip retaining pin and heel	☐	☐	☐	
Mast assembly	☐	☐	☐	
Lift chains and rollers	☐	☐	☐	
Load backrest	☐	☐	☐	
Hydraulics function	☐	☐	☐	

Safety devices

Item	OK	Defect	N/A	Notes
Data plate / nameplate	☐	☐	☐	
Seat belt / operator restraint	☐	☐	☐	
Horn	☐	☐	☐	
Lights	☐	☐	☐	
Parking brake	☐	☐	☐	

Service brake	☐	☐	☐	_____
Steering	☐	☐	☐	_____
Backup alarm	☐	☐	☐	_____

Power source (LP, battery, or diesel as equipped)

Item	OK	Defect	N/A	Notes
LP tank mount and relief valve	☐	☐	☐	_____
LP hoses, connectors, and odor	☐	☐	☐	_____
Battery charge / electrolyte	☐	☐	☐	_____
Battery restraint	☐	☐	☐	_____
Battery cables and connectors	☐	☐	☐	_____
Engine oil, coolant, and air filter (IC / diesel)	☐	☐	☐	_____
Fuel leaks, exhaust sparks, or overheat	☐	☐	☐	_____

Defects and sign-off

DEFECTS FOUND

SERVICE STATUS

DEFECTS REPORTED TO

☐ Truck is in safe operating condition for this shift, or I have removed it from service

OPERATOR SIGNATURE

TIME SIGNED

SUPERVISOR SIGNATURE (IF REQUIRED)

Reference only. Verify against the vehicle OEM procedure and applicable regulations.