

6-2-2 Form - Heavy Equipment Inspection Checklist

Shop/ Site: _____		Location/ Address: _____	
Truck # _____	Operator: _____	Week: _____ Shift: _____	Hour Metre: _____

Pre-Operational Checks:

[Note: A ✓ signifies the item is OK while ✕ identifies a deficiency. When a deficiency is identified, it must be brought to the attention of the Supervisor immediately.]

Items Checked	<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>
1) General							
• overhead protection							
• load rating plate							
• safety warnings							
• deposits of fluids on the ground							
2) Tires							
• no bonding failure							
• no chunking							
• sufficient tread (if applicable)							
3) Lift System							
• tension in chains							
• hoses							
• mast							
4) Fluids & Belts							
• oil							
• transmission							
• hydraulic							
• steering							
5) Battery Powered Lift Truck Specific							
• fully charged and correct fluid levels							
• charger in good working order							
6) Fuel or Propane							
• no leaks of fuel or propane							
• connections & hoses in good repair							
• cylinder secured or cap in place							
Operator's Initials							

COMMENTS:

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Operational Checks (key turned on):

[Note: A ✓ signifies the item is OK while ✕ identifies a deficiency. When a deficiency is identified, it must be brought to the attention of the Supervisor immediately.]

<u>Items Checked</u>	<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>
1) Horn							
• working properly							
2) Steering							
• no excessive play							
• no binding noises							
3) Brakes							
• operational brakes							
• pedal depresses proper distance							
• deadman break functioning							
4) Lift/Lower							
• elevated full height (no damage to piston or cylinder)							
• returning to neutral when released							
• tilt functioning smoothly							
5) Gauges							
• oil							
• battery charge							
• hour metre							
Operator's Initials							

NOTE: All deficiencies identified must be addressed prior to operation of the lift truck.

COMMENTS:

REVIEW AND FOLLOW-UP PERFORMED BY: _____ **Date:** _____

CORRECTIVE ACTION TAKEN:

Signature: _____