

Driver's name:	Date:	
Equipment #:	Hours:	Time (AM):

Check the "Pre" box for items that you inspected that passed. Check "Fail" if the item failed.

	PRE	FAIL		PRE	FAIL			
TIRES	<input type="checkbox"/>	<input type="checkbox"/>	No cuts, separations, wear	<input type="checkbox"/>	<input type="checkbox"/>	No cracks or dents		
	<input type="checkbox"/>	<input type="checkbox"/>	Properly Inflated	<input type="checkbox"/>	<input type="checkbox"/>	Clean, no grease or lint		
	<input type="checkbox"/>	<input type="checkbox"/>	Lug nuts present and tight	<input type="checkbox"/>	<input type="checkbox"/>	Batteries covered		
FORKS	<input type="checkbox"/>	<input type="checkbox"/>	Pin secure	BODY	<input type="checkbox"/>	<input type="checkbox"/>	Overhead guard securely attached	
	<input type="checkbox"/>	<input type="checkbox"/>	Forks aligned		<input type="checkbox"/>	<input type="checkbox"/>	Nameplate present and legible	
	<input type="checkbox"/>	<input type="checkbox"/>	No cracks, bends, wear		<input type="checkbox"/>	<input type="checkbox"/>	Headlights and tail lights	
	<input type="checkbox"/>	<input type="checkbox"/>	Load back in good repair, no cracks or bends		<input type="checkbox"/>	<input type="checkbox"/>	No cracks, bends, welds, or missing bolts	
	<input type="checkbox"/>	<input type="checkbox"/>	Mast and carriage		<input type="checkbox"/>	<input type="checkbox"/>	Warning lights	
	<input type="checkbox"/>	<input type="checkbox"/>	No cracks, dents, missing tops broken welds		<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	
	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic cylinders, no cracks or leaks		<input type="checkbox"/>	<input type="checkbox"/>	Turn lights working properly	
	<input type="checkbox"/>	<input type="checkbox"/>	Lift chains and rollers in good repair no cracks, kinks, or rust		BATTERY	<input type="checkbox"/>	<input type="checkbox"/>	No corrosion or missing insulation
	<input type="checkbox"/>	<input type="checkbox"/>	Tension of the lift chains correct			<input type="checkbox"/>	<input type="checkbox"/>	Connections no cracks, or wear
<input type="checkbox"/>	<input type="checkbox"/>	Lift chains lubricated	<input type="checkbox"/>	<input type="checkbox"/>		Battery connections tight		
FUEL	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient fuel for operation	BATTERY	<input type="checkbox"/>	<input type="checkbox"/>	Cell caps in place	
	<input type="checkbox"/>	<input type="checkbox"/>	Oil, coolant, and other fluids adequate		<input type="checkbox"/>	<input type="checkbox"/>	Battery cover	
CAB	<input type="checkbox"/>	<input type="checkbox"/>	Cab is clean	SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	Battery charged	
	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelt		<input type="checkbox"/>	<input type="checkbox"/>	Back up alarm	
	<input type="checkbox"/>	<input type="checkbox"/>	Seat in good repair		<input type="checkbox"/>	<input type="checkbox"/>	Horn	
	<input type="checkbox"/>	<input type="checkbox"/>	Seat adjusted		<input type="checkbox"/>	<input type="checkbox"/>	Parking brake	
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors good repair, clean		<input type="checkbox"/>	<input type="checkbox"/>	Other		

REMARKS:

PASS	FAIL
Condition of above vehicle is satisfactory	Above defects corrected
	Above defects need not be corrected for safe operation
Driver's Signature:	Driver's Signature:
	Mechanic's Signature: