



# PRE-SHIFT INSPECTION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Operator: \_\_\_\_\_

Shift: \_\_\_\_\_ Truck #: \_\_\_\_\_

## Internal Combustion Lift Truck Check List

Check NO where issues are detected

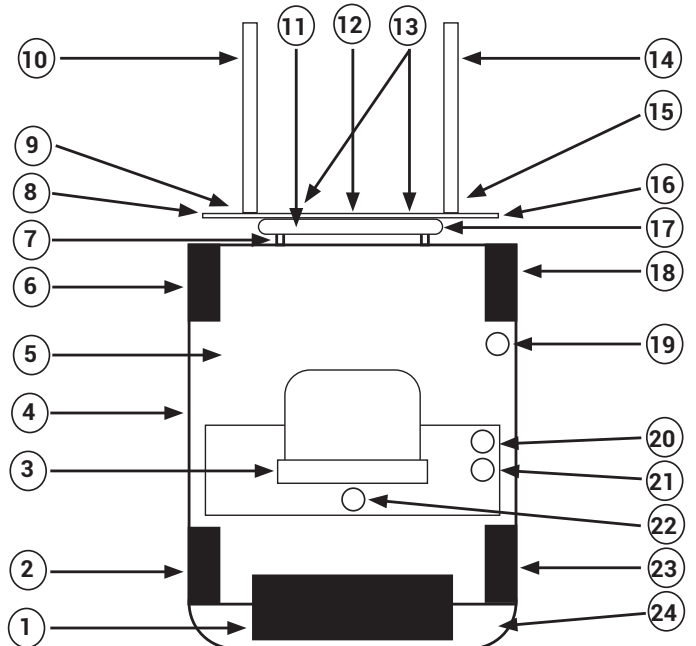
### Visual Inspection

- | NO  | COMMENTS  |
|-----|---|
| 1.  | <input type="checkbox"/> Propane _____<br>Bracket _____<br>Relief Valve _____<br>Fuel Level _____<br>Leaks _____<br>Safety Straps _____ |
| 2.  | <input type="checkbox"/> Rear Tire (Left) _____   |
| 3.  | <input type="checkbox"/> Seat Belt _____  |
| 4.  | <input type="checkbox"/> Engine Compartment _____<br>Battery _____<br>Oil _____<br>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) _____<br>Attachment if applicable _____  |
| 11. | <input type="checkbox"/> Mast _____   |
| 12. | <input type="checkbox"/> Left 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"/> Rear Tire (right) _____  |
| 24. | <input type="checkbox"/> Overhead Guard (right) _____   |

### Operational Inspection

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

### Walkaround



**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 with 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:** \_\_\_\_\_