



SUMMIT
TOYOTALIFT

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PRE-SHIFT INSPECTION

Internal Combustion Lift Truck Check List

Check NO where issues are detected

Date: _____ Time: _____

Operator: _____

Shift: _____ Truck #: _____

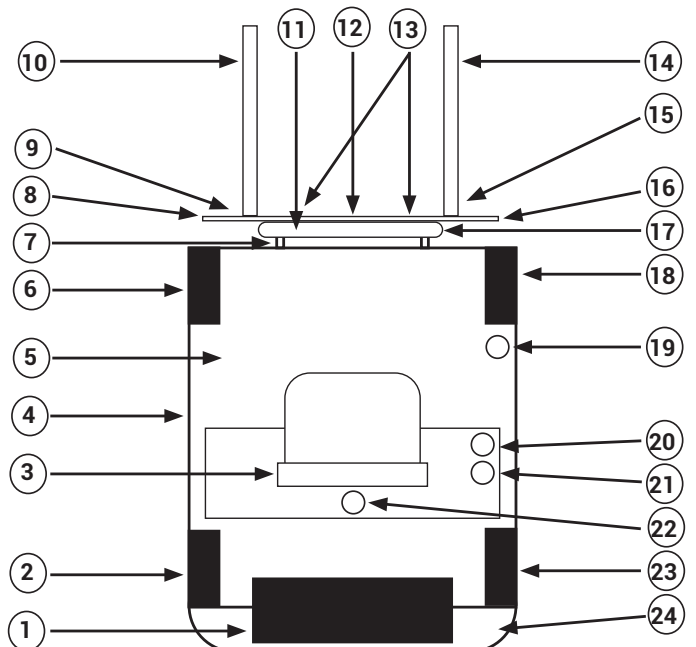
Visual Inspection

- | NO | COMMENTS |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> Propane _____
Bracket _____
Relief Valve _____
Fuel Level _____
Leaks _____
Safety Straps _____ |
| 2. | <input type="checkbox"/> Rear Tire (Left) _____ |
| 3. | <input type="checkbox"/> Seat Belt _____ |
| 4. | <input type="checkbox"/> Engine Compartment _____
Battery _____
Oil _____
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) _____
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 _____
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 _____
Accelerator _____
Steering _____
Braking _____ |
| F. | <input type="checkbox"/> Reverse Driving _____
Accelerator _____
Steering _____
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: _____



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PRE-SHIFT INSPECTION

Date: _____ Time: _____

Operator: _____

Shift: _____ Truck #: _____

Electric Lift Truck Check List

Check NO where issues are detected

Visual Inspection

- | NO | COMMENTS |
|-----|-----------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> Battery _____
Vent Caps _____
Connector Covers _____
Cables _____ |
| 2. | <input type="checkbox"/> Seat Belt _____ |
| 3. | <input type="checkbox"/> Rear Tire (Left) _____ |
| 4. | <input type="checkbox"/> Overhead Guard (left) _____ |
| 5. | <input type="checkbox"/> Front Tire (left) _____ |
| 6. | <input type="checkbox"/> Tilt Cylinder (left) _____ |
| 7. | <input type="checkbox"/> Carriage _____ |
| 8. | <input type="checkbox"/> Fork Locking Pin (left) _____ |
| 9. | <input type="checkbox"/> Fork (left) _____
Attachment if applicable _____ |
| 10. | <input type="checkbox"/> Mast _____ |
| 11. | <input type="checkbox"/> Left Cylinder _____ |
| 12. | <input type="checkbox"/> Lift Chains _____ |
| 13. | <input type="checkbox"/> Fork (right) _____ |
| 14. | <input type="checkbox"/> Fork Locking Pin (right) _____ |
| 15. | <input type="checkbox"/> Carriage _____ |
| 16. | <input type="checkbox"/> Tilt Cylinder (right) _____ |
| 17. | <input type="checkbox"/> Front Tire (right) _____ |
| 18. | <input type="checkbox"/> Hydraulic Oil _____ |
| 19. | <input type="checkbox"/> Battery Connectors _____ |
| 20. | <input type="checkbox"/> Rear Tire (right) _____ |
| 21. | <input type="checkbox"/> Overhead Guard (right) _____ |

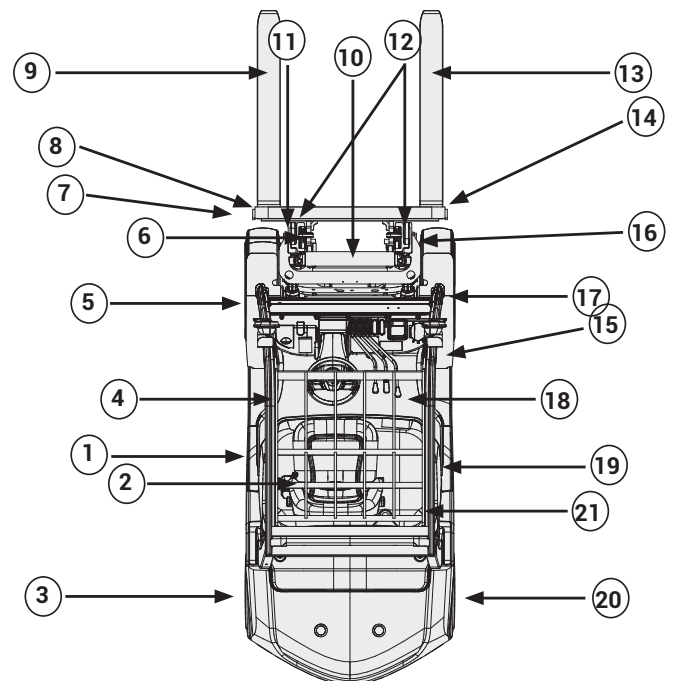
Operational Inspection

- | NO | COMMENTS |
|----|-------------------------------------------------------------------------------------------------------------------------------|
| A. | <input type="checkbox"/> Listen for Unusual Noise _____
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 _____
Accelerator _____
Steering _____
Braking _____ |
| F. | <input type="checkbox"/> Reverse Driving _____
Accelerator _____
Steering _____
Braking _____
Back-Up Alarm _____ |
| G. | <input type="checkbox"/> Lights _____ |
| H. | <input type="checkbox"/> Horn _____ |
| I. | <input type="checkbox"/> Gauges _____ |
| J. | <input type="checkbox"/> Oil Spots on Floor _____ |

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Walkaround



SIGNATURE: _____



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PRE-SHIFT INSPECTION

Date: _____ Time: _____

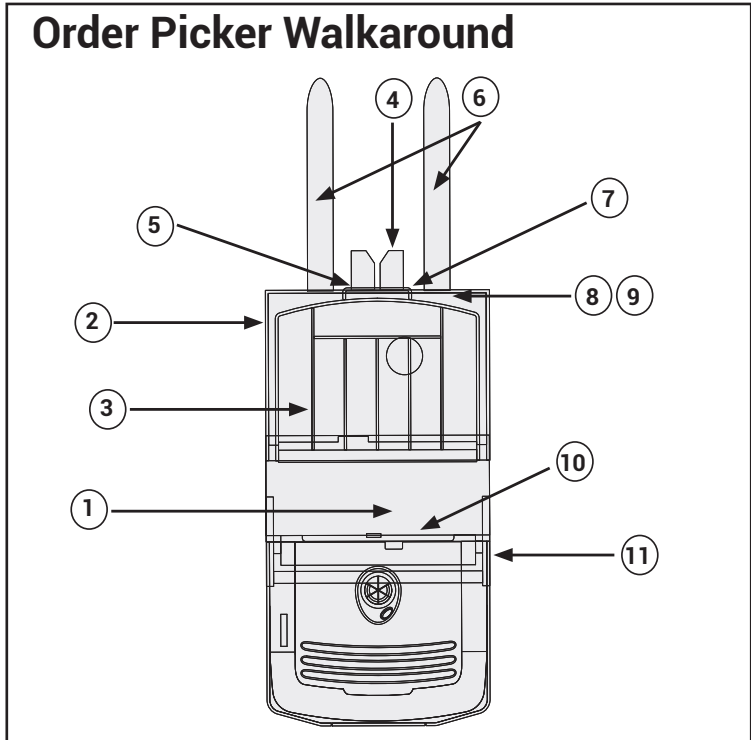
Operator: _____

Shift: _____ Truck #: _____

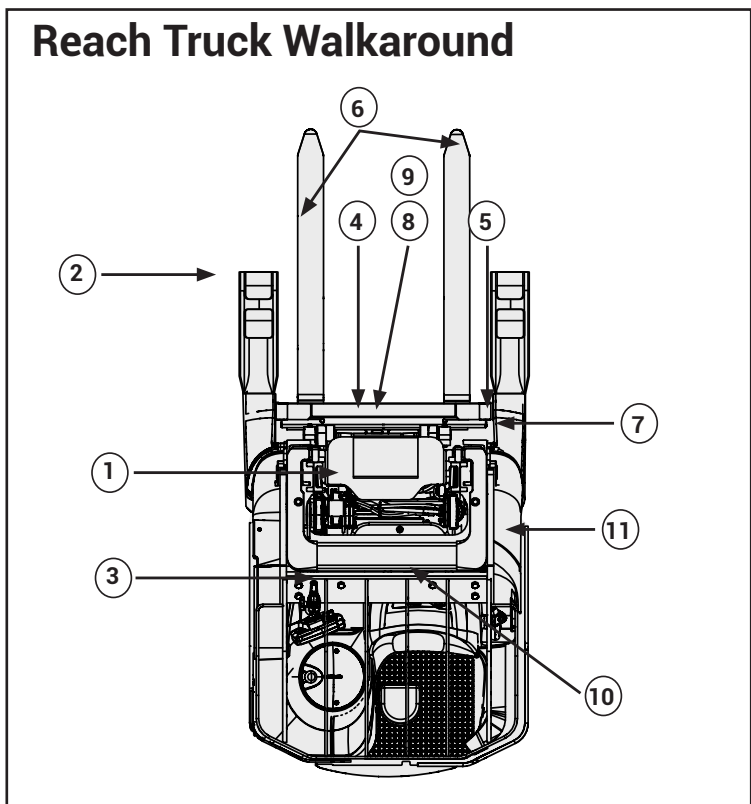
Narrow Aisle Truck Check List

Check NO where issues are detected

Visual Inspection	
NO	COMMENTS
1. <input type="checkbox"/>	Battery _____ Vent Caps _____ Connector Covers _____ Cables _____
2. <input type="checkbox"/>	Drive and Wheel Load _____
3. <input type="checkbox"/>	Overhead Guard _____
4. <input type="checkbox"/>	Tilt Cylinder _____
5. <input type="checkbox"/>	Carriage _____
6. <input type="checkbox"/>	Forks _____
7. <input type="checkbox"/>	Mast _____
8. <input type="checkbox"/>	Cylinder Lift _____ (Tilt & Reach if Applicable)
9. <input type="checkbox"/>	Lift Chains _____
10. <input type="checkbox"/>	Nameplate _____
11. <input type="checkbox"/>	Battery Retainer Plate _____ (Attachment if Applicable) _____



Operational Inspection	
NO	COMMENTS
A. <input type="checkbox"/>	Listen for Unusual Noise _____ Noise _____
B. <input type="checkbox"/>	Check Parking Brake _____
C. <input type="checkbox"/>	Lifting Control _____
D. <input type="checkbox"/>	Tilt Control _____
E. <input type="checkbox"/>	Forward Driving _____ Steering _____ Braking _____
F. <input type="checkbox"/>	Reverse Driving _____ Steering _____ Braking _____ Back-Up Alarm (optional) _____
G. <input type="checkbox"/>	Lights _____
H. <input type="checkbox"/>	Horn _____
I. <input type="checkbox"/>	Gauges _____
J. <input type="checkbox"/>	Oil Spots on Floor _____



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PRE-SHIFT INSPECTION

Date: _____ Time: _____

Operator: _____

Shift: _____ Truck #: _____

Hand Pallet Lift Truck Check List

Check NO where issues are detected

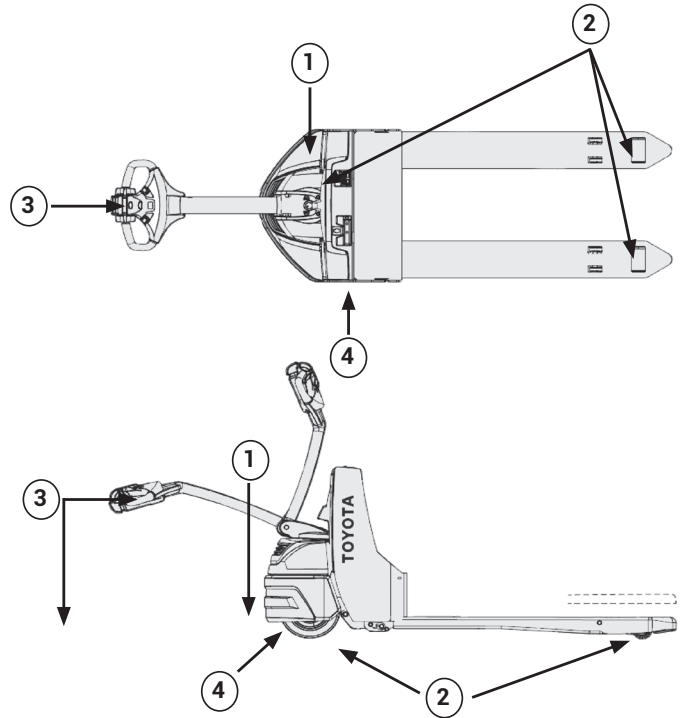
Visual Inspection

- | NO | COMMENTS |
|----|-----------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> Battery _____
Vent Caps _____
Connector Covers _____
Cables _____
Retainer Plate _____ |
| 2. | <input type="checkbox"/> Wheels _____ |
| 3. | <input type="checkbox"/> Controls _____ |
| 4. | <input type="checkbox"/> Fluid Leaks _____ |

Operational Inspection

- | NO | COMMENTS |
|----|---------------------------------------------------------------------------------------------------------------------|
| A. | <input type="checkbox"/> Listen for Unusual Noise _____
Noise _____ |
| B. | <input type="checkbox"/> Check Brake _____ |
| C. | <input type="checkbox"/> Lift Control _____ |
| D. | <input type="checkbox"/> Tilt Control _____ |
| E. | <input type="checkbox"/> Forward Driving _____
Steering _____
Braking _____ |
| F. | <input type="checkbox"/> Reverse Driving _____
Steering _____
Braking _____
Back-Up Alarm (optional) _____ |
| G. | <input type="checkbox"/> Horn _____ |
| H. | <input type="checkbox"/> Gauges _____ |
| I. | <input type="checkbox"/> Oil Spots on Floor _____ |

Walkaround



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