Santa Barbara SIPE
Joint Powers Self Insurance

Forklift Daily Inspection Checklist

Date: _____

Forklift ID: _____

Operator Name: _____

1. Visual Check

Forks and attachments: □ Good □ Damaged

Tires: □ Good □ Damaged or Low

Seatbelt: □ Working □ Not Working

Lights and horn: □ Working □ Not Working

Overhead guard: □ Secure □ Damaged

2. Functional Check

Steering: □ Good □ Problem

Brakes: □ Working □ Problem

Controls (lift, tilt, etc.): □ Working □ Problem

Backup alarm: □ Working □ Not Working

3. Fluid Levels

Oil: □ OK □ Low/Leak

Coolant: □ OK □ Low/Leak

Hydraulic fluid: □ OK □ Low/Leak

Fuel or Battery: □ OK □ Low

Comments:
_____
_____
_____

Forklift Condition:

□ Safe to Use

□ Not Safe – Do Not Use

Operator Signature: _____

Supervisor Signature: _____

Keep this form on file for safety records and quick checks before use. It must be kept for a minimum 1 year.