



Equipment Usage Report

Operator's Daily Checklist for All Electric Forklifts

Unit Number:	Date:
Check Performed by: (Name):	Hour Meter Reading:

Visual Checks:	Acceptable	Needs Repair	Reported to: (Name of Person)	Comments
Obvious damage and leaks (Must be reported immediately)				
General cleanliness (Check to ensure no trash, no soda spills, etc.)				
Hydraulic Cylinder and Hoses (Check for seepage or leaking connections)				
Mast chain assemblies (Check for loose links, damage, and overall condition)				
Battery plug connection (Check for tightness and damage)				
Battery status gauge (Check for proper operation, battery charge level)				
Forks (Check for damage, wear, and overall condition)				
Fork locking pins (Check for proper locking and overall condition)				
Tire Condition (Check for cracking/broken tires and overall condition)				
Warning lights (Check for proper operation)				
Hour meter (Check for proper operation)				
Other indicators and gauges (Check for proper operations)				
Operational Checks:	Acceptable	Needs Repair	Reported to: (Name of Person)	Comments
Check motor controls (Check for proper operation-forward and reverse)				
Check steering (Check for proper operations—all functions)				
Check mast controls (Check for proper operations—all functions)				
Check service brakes (Must be reported immediately)				
Check emergency brake (Must be reported immediately)				
Check horn operation (Check for proper operation and volume level)				
Check for general drivability/safety problems (Test drive unit and note any problem)				

Signature of Individual Performing Checks: _____
"I certify that I have performed all necessary checks, as listed above, and any/all of my findings have been documented and reported."

Signature of Management Individual Reviewing Checklist: _____
"I certify that I have received and reviewed this documentation and the appropriate corrective actions (if necessary) will be taken."