

YOUR COMPANY NAME

Fork Lift Truck Pre-operational Daily Check

Week commencing date:

Operator:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Forks							
Fork Change							
Mast							
Mast Carriage							
Load Chains							
Wheels/Tyres							
Guards							
Battery							
Visual check							
Lights							
Horn							
Gauges							
Hydraulics							
Steering							
Footbrake							
Handbrake							
Traffic Routes							
Drivers Initials							

Supervisor:

Week ending date:

Report all faults immediately to Supervision.

Specify fault(s) on reverse of this sheet and detail action taken.