Type of Equipment (Manufacturer) Date of Equipment Assessment

Model and/or Identification Number Performed By:

Check ( ) one

I. Are the following acceptable? Yes N/a\* No

1. Controls and gauges …………………………………………. 

2. Lights …...……………………………………………………….. 

3. Horn ……………………………………………………………... 

4. Backup alarm …………………………………………………… 

5. Parking brake ………………………………………………… … 

6. Foot brake …………………………………………………………. 

7. Hoses …………………………………………………………… 

8. Hose connections (are they secure, to prevent leaks) …………… 

9. Chains and cables (greased and in good condition) ……………... 

10. Tires and rims …………………………………………………… 

11. Seat belt (accessible) ………………………………………………. 

12. Fork latches and forks …………………………………………… 

13. Forks (greased to ease movement) ……………………………… 

14. Operator manual ………………………………………………… 

15. Oil level ……………………………………………………………. 

16. Hydraulic fluid level …………………………………………… . 

17. Transmission fluid ……………………………………………… . 

18. Engine coolant …………………………………………………... 

19 Filters ………………………………………………………… … 

20 Battery Check (core/terminals) …………………………………… 

21 Battery Water Level Check…...………………………………… 

22. Periodic assessments (specify frequency) 

II. Is the equipment safe to use? (If "No," remove from service) ……… 