

DRIVER'S VEHICLE INSPECTION CHECKLIST

Date Inspected _____ Inspected By _____

Vehicle Identification Number _____

All operators shall perform a vehicle inspection from Section 1 prior to the initial operation of the vehicle. Designated drivers additionally perform vehicle inspection from Section 2. Do not operate the vehicle if deemed to be unsafe and/or until the vehicle discrepancies have been corrected.

Section 1-Check Condition(Wear and/or Damage If applicable)

- | | |
|---|---|
| <input type="checkbox"/> Tires/wheels | <input type="checkbox"/> Hoist/tilt mechanism |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Steering controls ** |
| <input type="checkbox"/> Guards | <input type="checkbox"/> Brakes *** |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Hoses |
| <input type="checkbox"/> Forks * | <input type="checkbox"/> Lift chains |
| <input type="checkbox"/> Transmission/clutch | <input type="checkbox"/> Hydraulic lines**** |
| <input type="checkbox"/> Puddles on floor below vehicle | |

- * Not bent or cracked
- ** No more than ¼ turn before there is a response from the steering wheels.
- *** Make sure the pedal does not go all the way to the floor.
- **** Look for breaks or cracks.

Section 2-Check Fluid levels (If Applicable)

Check For Leaks

- | | |
|---|--|
| <input type="checkbox"/> Fuel (Driver Replenish) | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Coolant level (Driver Replenish) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Coolant hoses | <input type="checkbox"/> Battery level |
| <input type="checkbox"/> Engine oil (Driver Replenish) | <input type="checkbox"/> Hydraulic oil(Driver Replenish) |

Report any unsafe condition(s) to the supervisor immediately.
Note and explain any conditions or needed repairs.
