

FORKLIFT/PIT INSPECTION CHECKLIST
 UNL Forklift/Powered Industrial Truck (PIT) Program
 Form EHS-FL-01 (1/08)

Truck ID# _____ Make _____

Date _____ Shift _____

Hour meter reading: Start _____ End _____ Hours for shift _____

Place an O.K. in the appropriate columns if the truck has no defects.

ITEM	Start of Shift	During Shift	End of Shift	Specific comments if not O.K.
Lights				
Tires				
Brakes				
Horn				
Seatbelt				
Hour meter & gauges				
Steering				
Hydraulic controls				
Other:				
If applicable:				
Battery connections				
Charge				
Fuel level				
Oil level & Pressure				
Water level				
Fan belt				
Other:				

OVERALL REMARKS: _____

DEFECTS REPORTED TO: _____

OPERATORS' SIGNATURE: _____