

Facilities Maintenance

Battery / Gas Forklifts, Walkie Lifts, Pallet Jacks, Tuggers

A check of the following MUST be made at the START of EACH DAY before use

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DATE	•							Comments	Corrected
	SUN OK NO N/A	MON OK NO N/A	TUE	WED OK NO N/A	THUR OK NO N/A	FRI OK NO N/A	SAT OK NO N/A		Date By
Brakes - Service / Parking									
Horn									
Fluid Levels (Water, Oil, Fuel)									
Hydraulic System Leaks									
Steering									
Controls / Movements									
Wheels / Tires									
Warning Lights / Alarms									
Fire Extinguisher									
Hour Meter									
Battery Charged / Serviced By									
Equipment Not Used									
Inspected By (Initials)									
If item is defective, mark with X. Explain in comments section and advise supervisor.						Note anythi	ing abnormal or in need of repair:		
2. If item is Not Applicable, check the N / A box.									
3. Add other appropriate items to list as necessary.4. On each day when equipment is NOT used, indicate in appropriate blocks and initial.									
This is to be done by first person using the lift after the NON-use period.									
5. This form MUST remain with the vehicle until completed.6. Completed forms are to be filed according to departmental procedure and be retained for 90 days.									
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Operatior Supervisor									
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Vehicle #	Hour Re	eading	Date						