

Forklift Pre-Operation Inspection Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Mobile Equipment - General Condition

☐ Verify the horn is functioning correctly and audibly. (OSHA 1910.178(p)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Inspect the steering mechanism for proper function and excessive play. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Test the service and parking brakes for effective stopping power. (OSHA 1910.178(q)(7))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Examine tires for cuts, gouges, and proper inflation pressure. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Check engine oil, coolant, hydraulic fluid, and brake fluid levels. (Manufacturer's Specifications)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Inspect for any leaks of oil, coolant, hydraulic fluid, or fuel. (OSHA 1910.178(q)(7))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ For electric forklifts, check the battery for damage, corrosion, and proper electrolyte level. (OSHA 1910.178(g)(2))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Verify the seatbelt is present, undamaged, and functioning correctly. (OSHA 1910.178(m)(4))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Confirm the PIT's data plate is legible and contains accurate information (capacity, model, serial). (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Inspect the overhead guard for damage and proper installation. (OSHA 1910.178(o)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Load Handling Components

☐	Inspect forks for cracks, bends, wear, and proper locking mechanism function. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Measure fork thickness; if wear exceeds 10% of original thickness, remove from service. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Examine the mast and lifting mechanism for damage, cracks, or excessive wear. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Inspect lift chains and cables for fraying, kinks, or damage. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify the load backrest extension is securely attached and in good condition. (OSHA 1910.178(o)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Inspect hydraulic hoses for leaks, cuts, abrasions, and bulging. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Check carriage rollers for smooth operation and excessive wear. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure forks are properly positioned and locked in place before operation. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Safety Devices & Lighting

☐	Verify headlights are functioning properly, if equipped. (OSHA 1910.178(h)(2))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify taillights are functioning properly, if equipped. (OSHA 1910.178(h)(2))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Check that all warning lights (e.g., strobe, beacon) are operational. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm the backup alarm is functioning audibly when the forklift is in reverse. (OSHA 1910.178(p)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure a fully charged and readily accessible fire extinguisher is present on the forklift. (NFPA 505)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify that operator restraints (seatbelts, hip restraints) are in good working order. (OSHA 1910.178(m)(4))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	If equipped, test the functionality of any proximity warning systems. (Manufacturer's Specifications)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure mirrors are clean, properly adjusted, and provide adequate visibility. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Site Conditions & Environment

☐	Inspect the floor surface for any obstructions, debris, or spills that could affect forklift operation. (OSHA 1910.178(n)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify that aisle markings are clear and visible to ensure safe navigation. (OSHA 1910.176)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure adequate overhead clearance is maintained in all operating areas. (OSHA 1910.178(n)(7))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Assess pedestrian traffic in the area and implement necessary controls (e.g., barriers, signage). (OSHA 1910.178(m)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure adequate lighting is available in all operating areas. (OSHA 1910.178(h)(2))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	If using dock plates, inspect them for damage and proper placement. (OSHA 1910.30(a))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure adequate ventilation is present, especially when operating gas or propane-powered forklifts indoors. (OSHA 1910.178(c))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Assess weather conditions (if operating outdoors) and adjust operations accordingly. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Documentation & Operator Readiness

☐	Verify the operator is certified to operate the specific type of forklift. (OSHA 1910.178(l)(1))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm that the operator's training records are up-to-date and readily available. (OSHA 1910.178(l)(6))	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure the previous shift's pre-operation checklist is reviewed for any outstanding issues. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm the operator understands the procedure for reporting any defects or safety concerns. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify the operator's manual is available on the forklift or readily accessible. (ANSI B56.1)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐ Confirm the operator is wearing appropriate PPE (safety shoes, high-visibility vest, etc.). (OSHA 1910.132)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Ensure the operator is physically and mentally fit to operate the forklift safely. (OSHA 1910.178)	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Verify the operator understands the forklift's load capacity and the load's weight. (OSHA 1910.178(o)(2))	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____