

PRE-USE CHECKLIST (WEEKLY)

Driver Name:				Date:				Time:
Fork Truck Make/Model/Reg Number:								
Item	MON	TUE	WED	THUR	FRI	SAT	SUN	Detected fault
1. Fork-arms								
2. Carriage Plate/Attachment								
3. Backrest Extension								
4. Mast								
5. Mast Rollers/Slides								
6. Lift Chains								
7. Chain Pulleys								
8. Hydraulics								
9. Wheels								
10. Tyres								
11. External Truck Body								
12. Battery								
13. Operating Position								
14. Capacity Rating Plate								
15. Operator Seat/Seat Belt								
16. Starting Procedure Electric Fork Truck								
17. Starting Procedure Engine Truck								
18. Starting Procedure Gas Powered Truck								
19. Lights/Indicators/Flashing Beacon								
20. Audible Warnings								
21. Hydraulic Controls								
22. Driving/Braking								
23. Steering								
24. Other								
25. Other								
Faults Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reported to:				Date		