

# DAILY GENERAL EQUIPMENT INSPECTION CHECKLIST

*For recordkeeping purposes, maintain this form on file when inspection has been completed.*

**COMPANY**

**MACHINE MANUFACTURER**

**INSPECTED BY**

**MACHINE MODEL, TYPE**

ITEMS TO BE INSPECTED	DATE							
Operating & Emergency Controls								
Safety Devices								
Personal Protective Devices								
Tires & Wheels								
Outriggers (if applicable) & other Structures								
Air / Hydraulics & Fuel System for Leaks								
Cables & Wiring Harnesses								
Placard / Warning Control Markings								
Operating Manuals								
Guardrail System								
Engine Oil Level (if applicable)								
Battery Fluid Level								
Hydraulic Reservoir Level								
Coolant Level (if applicable)								
Loose or Missing Parts								
Braking Device(s) Operating Properly								
Motion Alarms								
Initials								

Please mark each category as they are checked and put N/A as needed

\*\*if any parts are deficient, make a note and cease using forklift until repair or resolution