



Daily Lift Inspection

Manufacturer:	Model and Unit #:
Job Name:	Week Beginning:

Inspect each item below. Place a check in each box that *passes* inspection. This form must be returned to the office at the end of each week. Don't just "go through the motions! Document any non-conforming items.

Day of the week:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Date:							
Fuel Level							
Engine Oil Level							
Hydraulic Oil Level							
Boom Inspection							
Hydraulic lines							
Forks and Carriage							
Tires and lug nuts							
Belt, hose and motor condition							
Fluid leak							
Controls function							
Horn operation							
Lights							
Seatbelt							
Back up alarms and Warning lights							
Parking brake							
Load chart legible							
Operators manual available							
Fire extinguisher							
Other item							

Notes: _____