Text

Description automatically generated

**Driver name**

**……………………………………….**

**University email…………………..**

**Forklift No, or make and model**

**Week commencing**

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**Daily Forklift defect check sheet**

**(THIS CHECK MUST BE CARRIED OUT AND COMPLETED BY THE OPERATOR PRIOR TO DAILY FIRST USE, TO ENSURE THAT THE FORKLIFT IS SAFE TO USE. FORKLIFT MUST NOT BE OPERATED IF IT IS UNSAFE AND/ OR IT DOES NOT HAVE A VALID LOLER CERTIFICATE)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Start odometer (Miles/KM/Hours)** |  |  |  |  |  |  |  |
| **End odometer (Miles/KM/Hours)** |  |  |  |  |  |  |  |

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| Satisfactory (✔) Unsatisfactory and requires attention (**R**) Not applicable (**N/A**) |  |  |  |  |  |  |  |
| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Operator**- Fit and well, trained with valid qualification to use a forklift and equipment |  |  |  |  |  |  |  |
| **Gauges and instruments**- Operational and functioning correctly |  |  |  |  |  |  |  |
| **Horn and reversing alarm (if fitted)**- Works fully when operated |  |  |  |  |  |  |  |
| **All lights and indicators**- Operating correctly and beacon (if applicable) |  |  |  |  |  |  |  |
| **Reflectors and Lenses**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Audible reverse warning alarm**- Operational and functioning correctly |  |  |  |  |  |  |  |
| **Steering**- No excessive play and functioning smoothly |  |  |  |  |  |  |  |
| **Brakes**- (Service and parking brake) operate correctly, check pedal and lever condition |  |  |  |  |  |  |  |
| **Body and Roll Over protection cage**- Undamaged and secure |  |  |  |  |  |  |  |
| **Operator’s compartment**- Free from debris and equipment |  |  |  |  |  |  |  |
| **Seat belt**- Operator seatbelt, serviceable, undamaged and operating correctly |  |  |  |  |  |  |  |
| **Seat**- Secure and positioned correctly |  |  |  |  |  |  |  |
| **Counterweight**- Free of debris and equipment |  |  |  |  |  |  |  |
| **Mirrors**- Undamaged, positioned correctly, unobscured, allows full visibility for the operator |  |  |  |  |  |  |  |
| **Number plate/s**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Tyres and wheel security**- Secure and undamaged, check tyre tread |  |  |  |  |  |  |  |

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| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Operating control**- Returns to neutral position |  |  |  |  |  |  |  |
| **Accelerator pedal**- Operational and functioning correctly |  |  |  |  |  |  |  |
| **Forks**- Check condition, top clip retaining pin and heel, full extension up/down and chain |  |  |  |  |  |  |  |
| **Side shift**- Full right and full left extension |  |  |  |  |  |  |  |
| **Tilt**- Functioning correctly, up and down |  |  |  |  |  |  |  |
| **Engine compartment**- Free from debris |  |  |  |  |  |  |  |
| **Smoke emissions**- No excessive smoke coming from exhaust (Diesel forklift only) |  |  |  |  |  |  |  |
| **Brake fluid**- Level checked and is correct- check for leaks |  |  |  |  |  |  |  |
| **Hydraulic oil and lines**- Check level, condition of lines for leaks |  |  |  |  |  |  |  |
| **Engine oil and coolant**- Levels checked and are correct- check for leaks (if applicable) |  |  |  |  |  |  |  |
| **LOLER-** Forklift has a valid LOLER certificate |  |  |  |  |  |  |  |
| **Warning stickers**- SWL (Safe working Load) sticker clear and visible |  |  |  |  |  |  |  |
| **First aid kit**- Present with forklift (if issued) |  |  |  |  |  |  |  |
| **Fire extinguisher**- Correct pressure (green on gauge) and pins in place (if issued) |  |  |  |  |  |  |  |

By signing the below, I confirm that I have performed all the above checks thoroughly and correctly in section A, that are relevant to the Forklift. If a defect is identified in section A or throughout the working day, it must be noted in Section B and reported to my line manager.

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Operator signature** |  |  |  |  |  |  |  |

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| **SECTION B – List any deficiencies/ defect below (to be reported to line manager)** |
| Reported to……………………………………………………………………………………………………………………Date and time………………………………… |
| **SECTION C-Action taken to rectify deficiencies/ defect by line manager** |
| Line manager signature……………………………………………………………………………………………………..Date and time………………………………….. |