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Date:

Truck#:

Operator:

Start Hour:

End Hour:

Fuel:

INTERNAL COMBUSTION DAILY CHECK LIST

Indicate an \mathbf{X} where a problem is detected and a \checkmark to indicate no problems visible.

Visual Inspection	COMMENTS
1. 🗆 Propane	
Relief Valve	
Fuel Level	
🗆 No Leaks	
Safety Straps	
2. 🗆 Rear Tire (Left)	
2. Rear Tire (Left) . Engine Compartment	
Battery	
🗆 Fan Belt	
4. 🗆 Overneau duaru	
5. 🖵 Front Lire (Left)	
6. 🗆 Tilt Cylinder	
7. 🗆 Carriage 8. 🔲 Fork Locking Pin (Left)	
8. 🗆 Fork Locking Pin (Left)	
9. Fork (Left) (Attachment Applicable)	
(Attachment Applicable)	
10. Mast 11. Lift Cylinder	
11. Lift Cylinder	
Lift Chains	
12. C Fork (Right) C (Attachment Applicable)	
(Attachment Applicable)	
13. C Fork Locking Pin (Right)	
14. Carriage	
15. Tilt Cylinder	
16. □ Front Tire (Right)	
17. 🗆 Hydraulic Oil	
18. 🗆 Data Plate 19. 🗆 Seat & Seat Belt	
21 🗆 Bear Tire (Binht)	
20.	

All comments made in reference to any problems should be made on the back of this page in detail and handed to the supervisor immediately.

SIGNATURE:

Operational Inspection COMMENTS A. 🗆 Listen for Unusual Noise B. Check Service & Parking Brake C. 🗆 Lifting Control D. D Tilt Control E.
Forward Driving □ Accelerator 🗆 Steerina Braking F. 🗆 Reverse Driving □ Accelerators ❑ Steering 🗆 Braking Backup Alarm G. 🗆 Lights H. 🗆 Horn___ I. 🗆 Gauges J. 🗋 Oil Spots on Floor



CAUTION: This is not a complete list of all items which may require attention. Operators are responsible for ensuring that the lift truck is in proper working condition in accordance with the manufacturer's specifications.

DO NOT operate lift truck if a problem is detected. Report all problems to the service department immediately.

TO BE COMPLETED BY DESIGNATED OPERATOR AND FORWARDED TO SUPERVISOR PRIOR TO SHIFT.