|  |  |  |  |
| --- | --- | --- | --- |
| ***VISUAL INSPECTION*** | **PASS** | **FAIL** | **COMMENTS** |
| Fuel/Propane level and leaks |  |  |  |
| Tires/Lug Nuts |  |  |  |
| Hydraulic hoses/Chains |  |  |  |
| Forks/Safety Retainer/Mast |  |  |  |
| Fluid Leaks/Clear Exhaust |  |  |  |
| ***CONTROLS/LEVERS & BRAKES*** |  |  |  |
| 3 Points of Contact |  |  |  |
| Seat Belt |  |  |  |
| Lights/Horn |  |  |  |
| Steering Wheel |  |  |  |
| Parking Brake |  |  |  |
| Forks up/down/side & Mast tilt |  |  |  |
| ***OPERATING SKILLS*** |  |  |  |
| Forks control |  |  |  |
| Looking Back |  |  |  |
| Horn |  |  |  |
| Steering Control of moving truck |  |  |  |
| ***PARKING*** |  |  |  |
| Forks Down/Tips Down |  |  |  |
| Gear in Neutral |  |  |  |
| Parking Brake |  |  |  |
| Engine Off |  |  |  |
| Seat Belt Off |  |  |  |
| 3 Points of Contact |  |  |  |

Evaluator: Operator: Company Name: Date: Evaluator Signature: